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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange	Commissioner
P.S.A. Lamek, Q.C.	Counsel
E.A. Cronk	Associate Counsel
Thomas Millar	Administrator

Transcript of evidence
for

February 21, 1984

VOLUME 107

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2 DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

3

4 Hearing held on the 8th Floor,
5 180 Dundas Street West, Toronto,
6 Ontario, on Tuesday, the 21st
7 day of February, 1984.

8 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
9 THOMAS MILLAR - Administrator
10 MURRAY R. ELLIOT - Registrar

11

12 APPEARANCES:

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14 E. CRONK)

15 T.C. MARSHALL, Q.C.) Counsel for the Attorney
16 D. HUNT) General and Solicitor General
17 L. CECCHETTO) of Ontario (Crown Attorneys
and Coroner's Office)

18 I.J. ROLAND) Counsel for The Hospital for
M. THOMSON) Sick Children
R. BATTY)

19 B. PERCIVAL, Q.C.) Counsel for the Metropolitan
D. YOUNG) Toronto Police

20 K. CHOWN Counsel for numerous Doctors
21 at The Hospital for Sick
Children

22 E. MCINTYRE Counsel for the Registered
23 Nurses' Association of Ontario
and 35 Registered Nurses at
The Hospital for Sick Children

24 H. SOLOMON Counsel for The Ontario
25 Registered Nursing Assistants

(Cont'd) ...



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1

APPEARANCES: (Continued)

2

D. BROWN Counsel for Susan Nelles -
Nurse

3

E. FORSTER Counsel for Phyllis Trayner -
Nurse

5

J.A. OLAH Counsel for Janet Brownless -
R.N.A.

6

B. KNAZAN Counsel for Mrs. M. Christie -
R.N.A.

7

S. LABOW Counsel for Mr. & Mrs. Gosselin,
Mr. & Mrs. Gionas, Mr. & Mrs.
Inwood, Mr. & Mrs. Turner, Mr. &
Mrs. Lutes, and Mr. & Mrs.
Murphy (parents of deceased
children)

10

F.J. SHANAHAN Counsel for Mr. & Mrs. Dominic
Lombardo (parents of deceased
child Stephanie Lombardo); and
Heather Dawson (mother of
deceased child Amber Dawson)

11

W.W. TOBIAS Counsel for Mr. & Mrs. Hines
(parents of deceased child
Jordan Hines)

12

J. SHINEHOFT Counsel for Lorie Pacsai and
Kevin Garnet (parents of
deceased child Kevin Pacsai)

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2

A/BM/ak --- Upon commencing at 10:00 a.m.

3

KATHLEEN COULSON, Resumed

4

THE COMMISSIONER: Yes, Mr. Lamek.

5

MR. LAMEK: Thank you, sir.

6

Mr. Commissioner, before I continue with the examination of Miss Coulson I have reviewed the binder of extracts from the tour end reports that Miss Thomson was good enough to prepare over the weekend and copies are being prepared at the moment. I think I would like, with Miss Coulson's help, to identify the kind of information one finds in these tour end reports and I hope that copies will be available for all counsel later in the day.

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Essentially what Miss Thomson has done is to go through each of the tour end reports for the shift preceding that upon which a child died, to identify whether that child was named on the tour end report as being one of those more seriously ill than others and where she has found such references to the children she has blocked out references to other children with whom we are not concerned, and quite properly so obviously because there is a strong element of confidentiality about information bearing on those other children, and she has reproduced the report so expurgated for us and



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she has also gone back, as I asked her to, where a
child did appear on the tour end report for the
shift immediately preceding that upon which he or
she died, she has gone back to find the preceding
days or preceding shifts upon which that child
similarly appeared on the tour end report.

So, if for example a child was on the
tour end report for three days prior to the shift
on which he died, those reports similarly expurgated
are included here under that child's name.

THE COMMISSIONER: So, I take it
then we can assume if the child was not, if she didn't
go back, that it wasn't, is that correct?

MR. LAMEK: That's correct, that's
right.

THE COMMISSIONER: And if there is
nothing about the child, it never was on a tour end
report.

MR. LAMEK: But I can set your mind
at ease on that one, sir, because of the 36 children
whose deaths we are reviewing each and every one of
them, save only Woodcock, was on the tour end report
for the shift immediately preceding his or her death.

THE COMMISSIONER: Yes, all right.

MR. LAMEK: Perhaps before I offer



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that to be marked as an exhibit I could just have Miss Coulson help me with the format of the report so that people when they get the report, copies of the report later will at least know what they are looking at.

DIRECT EXAMINATION BY MR. LAMEK: (Continued)

Q. Miss Coulson, I'm looking for example at page 1.

THE COMMISSIONER: I'm sorry, Miss McIntyre has some comment.

MR. LAMEK: I'm sorry.

MS. MCINTYRE: Thank you, sir. I'm sure that Miss Coulson can identify the basic information in going through the format but she has not had an opportunity to review the actual reports for some three years now and I would ask that before she is asked detailed questions about them that she will have the opportunity to review them.

MR. LAMEK: Mr. Commissioner, I don't propose to ask a single detailed question at this time, just to explain the nature of the information that is set out in the reports and in the form of the thing, that's all.

MS. MCINTYRE: That's fine, but I'm sure some other counsel may have some detailed questions.



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THE COMMISSIONER: Well, when he does, when he or she does, presumably they will point them out to Miss Coulson and ask for whatever information she can give. Isn't that legitimate?

MS. MCINTYRE: Well, Mr. Commissioner, I had asked last night that Miss Coulson have the opportunity to review the tour end reports over the night and I guess because they were just being prepared yesterday that wasn't convenient. All I am asking is that she have an opportunity to look through them before she is asked detailed information on them.

THE COMMISSIONER: Well, yes, the only problem about that you see is that we are going to come to cross-examination before the day is over. But surely it will be sufficient if she just looked at them at the particular one that someone is referring to. I don't know what kind of a question, but supposing a question like this is, I note that there was said - is there something said about each child?

MR. LAMEK: Yes.

THE COMMISSIONER: That the following was said about the child, does that indicate that the child was well or ill or something of that nature, then surely she can look at that and answer that question.

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MS. MCINTYRE: Well, yes. I'm sure
that some questions she can answer but Miss Coulson
has expressed a desire to me that she has the
opportunity to review them in advance when they are
produced.

7

THE COMMISSIONER: Yes.

8

MS. MCINTYRE: But perhaps we can
deal with it as it comes up.

9

THE COMMISSIONER: I think we can
deal with it as it goes along. But certainly there
will be a copy for Miss Coulson I take it.

12

MR. LAMEK: Yes, as soon as possible.

13

THE COMMISSIONER: And whenever
you are allowed a moment off, by all means take them
with you. Don't hesitate, Miss Coulson, if somebody
asks you some question about something that is in
the tour end reports, say you want to look at it and
look at it as long as you feel you have to to answer
the question. I don't think you will have that
much trouble but if you do just say so.

20

THE WITNESS: Okay.

21

THE COMMISSIONER: And we will tender
it.

23

Yes, all right, do you want to make
it an exhibit did you say?

24

25



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3 MR. LAMEK: Could we perhaps just
identify the form of the information, Mr. Commissioner?

4

THE COMMISSIONER: Yes.

5

6 MR. LAMEK: Q. Could we look
perhaps at page 12 of this, and I select that because
7 it refers to a child Dawson who appeared but once
on the tour end report and we don't therefore have
8 to look back to the preceding one. Page 12, it is
dated at the bottom July 27, 1980 and it refers to
9 Ward 4A. The report is divided into three columns
10 which correspond, as I understand it, to the shifts
11 worked by the supervisors.

12

A. The eight shifts, that's correct.

13

14 Q. The first one beginning at
15 1500 hours, 3 o'clock in the afternoon, the next
16 one beginning at 11:00 in the evening, 2300 hours,
17 and then the next one at 7 o'clock in the morning.
18 Your shift as I understand it was the middle column
from 2300 hours to 0700 hours.

19

A. That's right.

20

21 Q. And the top part of the form
records such information for each shift as admissions
to the ward, discharges from the ward, transfers.
22 The next is under 2's. What are under 2's, is that
age?
23
24

25



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A. Under the age of 2.

3

4

Q. Okay. Number of adults, rooms
in isolation.

5

A. Yes.

6

7

Q. How many children on the ward
were in constant nursing care and the number of
deaths on the particular shift on that day.

8

9

10

11

The next block of information for
each shift indicates the staffing of the ward, does
it not. It identifies the nurse in charge, team
leader I take it.

12

A. Yes.

13

14

Q. And the number of registered
nurses and RNA's or relief people who were working
with her.

15

16

A. Yes.

17

18

19

20

21

Q. And then at the bottom of
the page there is a block for patient information.
On this one the first part of that on the front of
the document happens to be blocked off because it
related to some other child but on the back of the
page that is continued and there is a reference to
Amber Dawson, is there not?

22

23

A. Yes, there is.

24

25

Q. And am I right in thinking that



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for a child listed on the tour end report, although
the three columns are not drawn on the page, they
were in fact continued and each supervisor on comple-
tion of the shift would update that child or add the
child if she thought something had happened to justify
placing the child on report during her shift.

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A. It was done in different
colours.

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Q. Yes. That unhappily doesn't

come out in this, but you're quite right, the evening
supervisor used one colour, the night supervisor
another and the day supervisor yet a third.

A. That's right.

Q. So that you could tell at a
glance the progress of the child through the day?

A. That's right.

Q. Okay. But I have described
have I essentially the setup of the information that
is contained on these reports?

A. Yes.

MR. LAMEK: Okay. Perhaps that can
now be marked as an exhibit, Mr. Commissioner.

THE COMMISSIONER: 360.

---EXHIBIT NO. 360: Binder of Extracts from the
Tour End Reports.



1

2

3 MR. LAMEK: Q. Miss Coulson, before
4 we go on there are a couple of matters from your
5 evidence yesterday to which I would like to revert to
6 if I may, please. At page 4178 of yesterday's
7 transcript, Mr. Commissioner - perhaps I can bring
8 it there so you can look at it with me - I was
9 asking you about the meeting or the discussion that
you had with Miss Coulson on the evening of Tuesday,
March 24th, you will remember.

10

A. Mrs. Johnstone?

11

Q. I'm sorry, with Mrs. Johnstone,

12 you're right. At the top of the page I asked you:

13

"Q. Whom did you think might be
14 involved? Whom did you say to
15 Mrs. Johnstone you thought might be
involved on that basis?

16

A. Can I answer it now? Phyllis
Trayner.

17

Q. Did Mrs. Johnstone agree with
you?

18

A. No, she said Susan Nelles.

19

Q. And your response to her
suggestion was what?

20

A. Susan wasn't there when Lombardo
died."

21

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And then I asked you this question:

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"Q. Do I have this correctly then that reaching back across the nine months and looking at the deaths recalling them in your mind, in your mind you had rejected Susan Nelles as the common thread because on at least one occasion, the death of the Lombardo child, she had not been present?

A. Yes. It stood out in my mind."

Do you recall telling me that

yesterday?

A. Yes.

Q. Why did you attach significance to Susan Nelles' absence at the time of the Lombardo death, was that a death which on looking back you thought to have been surprising, unexpected, unexplained, something of that sort?

A. No, it was, as I said yesterday, having met her brother the next night, that helped me remember the Lombardo.

Q. But I take it that one might expect on a cardiology ward a certain number of deaths to occur from purely natural causes from the child's diseased condition. Is that fair?

A. Yes, that's fair.



EMT.jc
B 1

2 Q. And if indeed Nurse X or Dr. Y
3 is not present on the occasion of an obviously
4 natural death, that is not an element that has much
5 significance in trying to establish the connection
6 between suspicious deaths and the perpetrator?

7 A. That is right.

8 Q. And therefore I suggest to you
9 that there was perhaps something about Lombardo that
10 made you think it significant that Nelles had not
11 been there? Do you understand the point I am putting
to you?

12 A. Yes, I do.

13 Q. And I ask you, was there any
14 such thing about Lombardo's death which made you
15 attach significance to Nelles' absence?

16 A. On having gone over the charts
17 as I have, Lombardo's death stands out because of the
18 high potassium, and as I had mentioned in my testimony
19 yesterday, the doctor that I saw take the IV bag and
20 put it into his pocket may have been at Lombardo's
death, and that might be the reason why I would
remember Lombardo's death.

21 Q. Yes.

22 A. But I can't be certain.

23 Q. Because you are not certain that

24

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B.2

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2 did occur at Lombardo's death?

3 A. That is right.

4 Q. Are you suggesting that it may
5 have been that you were connecting that recollection,
6 the doctor's action and the IV bag, with Lombardo's
7 and therefore attached some significance to it?

8 A. That is my only reason.

9 Q. You could think of no other basis
10 for regarding Lombardo's death as a significant one
11 in terms of the presence or absence of particular
12 personnel?

13 A. It was close to Christmas.

14 Q. Yes.

15 A. And that's all that stands out
16 in my mind.

17 Q. All right.

18 And I asked you, and this is found at
19 page 4180 whether you had stated to anybody subsequent
20 to your conversation with Mrs. Johnstone your
21 disbelief in Susan Nelles' involvement in these
22 deaths and your reason for that disbelief.

23 You said, page 4180 at line 7:

24 "When I gave a statement to the
25 police I told them that I found it
difficult to believe that Susan could



B.3

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"have done it and that she hadn't
been there for some of the deaths.

4

"Q. Do you recall the occasion upon
which you said that to the police?

6

"A. When I talked to - it was after
Susan's arrest I had an interview
with one of the policemen."

8

9

I suggested that Mr. Percival might be
interested in pursuing it. But I said:

10

"Your recollection is clear,

11

Miss Coulson, is it, that you did

12

tell the police that it was your

13

belief that Miss Nelles was not the

14

person responsible for the deaths

15

and you explained to them your reason
for so believing?

16

"A. I told them I had trouble

17

believing that Susan did it and that

18

she hadn't been there for a lot of -

19

no, not a lot, that she hadn't been

20

there for some of the deaths.

21

"Q. What was the response of the
police officers when you said that?

22

"A. We are here to talk about Cook.

23

"Q. Is this the occasion of your

24

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B. 4

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"first interview with the police?

3

"A. Yes."

4

And you identified that occasion as being on April 3rd.

5

Now, Miss Coulson, do you have a clear
recollection of having said to the police on April 3rd,
1981, "I have trouble believing" or words to this
effect, "I have trouble believing that Susan Nelles
was involved because she was not there for some of
the deaths"? Is your recollection clear that you made
such a statement to the officers interviewing you?

11

A. I remember making a statement to
those words.

12

Q. All right.

13

A. Not the exact words but to that
effect.

14

Q. All right.

15

THE COMMISSIONER: And that was on
April 3rd?

16

THE WITNESS: Yes.

17

THE COMMISSIONER: That was the first
time you were interviewed?

18

THE WITNESS: Yes.

19

MR. LAMEK: Q. Now that was an interview
that you had with Sgt. Warr I believe?

20

A. Yes.

21

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B.5

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Q. In the Administrative conference
room at the Hospital?

4

A. Yes.

5

Q. And have you subsequently seen
a transcript or a copy of the notes made by Sgt. Warr
during that interview?

7

A. Yes.

8

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Q. Miss Coulson, I am obliged to put
that document to you, not I stress because it contra-
dicts what you have said but that it fails to disclose
what you have said. And - never mind the "and".

You have seen a copy of the notes have
you not?

A. Yes, I have.

Q. And you have a copy of them with
you?

A. Yes, I do.

Q. And in the notes I think you
will agree with me after setting out your professional
and educational background, and they are stated in
the first person as though you were speaking, then go
on to recount the events of the night of Saturday,
March 21, Sunday, March 22, and the death of Justin
Cook, do they not?

A. Yes.



B.6

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Q. And to the extent that they do that, I say on my review of them they appear to be entirely consistent with your evidence yesterday, and I am not challenging any part of your evidence yesterday on that basis, but is it fair to say there is no reference in this statement of what you said to the kind of information which you say you gave to the police on that occasion as to your lack of belief in Susan Nelles' involvement and the reasons for that lack of belief?

A. That is not on that statement.

Q. It is not on it? When did you first get an opportunity to review this copy of the notes, or a copy of the notes?

A. Just before the preliminary hearing.

Q. Did you at that time draw to the attention of any police officer that although the statement appeared to be accurate as far as it went it did not contain all of the statements that you made on that occasion?

A. Did I say that to the police?

Q. Yes.

A. I don't remember.

MR. LAMEK: Perhaps having referred to



B.7

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2 those, Mr. Commissioner, I want to ask that that
3 statement be marked as an exhibit, please?

4 MR. TOBIAS: Mr. Lamek, are copies
5 available for counsel?

6 MR. LAMEK: Yes.

7 THE COMMISSIONER: Yes, but I am
8 pausing briefly.

9 MR. PERCIVAL: I am concerned - you
10 know I have no objection to it going in but I don't
see - if there was some kind of contradiction involved --

11 THE COMMISSIONER: Yes.

12 MR. PERCIVAL: -- it would be relevant
13 and that is one of the concerns I have and that has
14 been the basis upon which you, Mr. Commissioner, have
made the exception in the past.

15 THE COMMISSIONER: Yes.

16 MR. PERCIVAL: I mean the questioning
17 was going to be along the same lines that I was going
18 to put that there is no reference to it, and that is
19 the end of the matter.

20 THE COMMISSIONER: I am really looking
21 to you, Miss McIntyre, what is your position?

22 MS. MCINTYRE: I have no objection to
the statement going in and --

23 THE COMMISSIONER: Miss Coulson is your
24 client, I take it?

25



B.8

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2 MS. McINTYRE: That is correct.

3

4

THE COMMISSIONER: You can't do much
about that, Mr. Percival.

5

6

MR. PERCIVAL: No, I am not objecting
to it but it just doesn't follow the same procedure --

7

8

9

THE COMMISSIONER: No, no, I know it
doesn't but I haven't been asked to make a ruling.
These can always go in on consent of the person who
has stated --

10

11

MR. PERCIVAL: All right. Fine, thank
you.

12

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16

MR. LAMEK: I confess, Mr. Commissioner,
without any discussion at all with Mr. Percival, I
had rather suspected that he might want to pursue this
line and if indeed there were to be reference to this
statement and its lack of mention then it seemed to
me appropriate that the statement itself --

17

18

19

THE COMMISSIONER: There comes a time
when there is too much. That I think was the substance
of my ruling.

20

MR. LAMEK: Yes.

21

22

THE COMMISSIONER: When there is too
much discussion about it when it has to go out to
counsel, but that doesn't make it an exhibit.

23

24

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MR. LAMEK: Well, I am content that it



B.9

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2 not be marked as long as it be available for everybody.

3

4 THE COMMISSIONER: Well, Miss McIntyre
5 has not objected and Mr. Percival's objection goes
6 out the window when she doesn't object.

7

8 MR. PERCIVAL: I am not objecting,
9 Mr. Commissioner. I am merely pointing out to you,
10 sir, that it does have a different basis than all the
11 other ones.

12

13 THE COMMISSIONER: Yes. I understand
14 that.

15

All right, what number is it?

16

THE REGISTRAR: 361.

17

18 ---- EXHIBIT NO. 361: Copy of statement dated
19 April 3, 1981 of interview
20 with Miss Coulson.

21

22 MR. LAMEK: Q. Now, Miss Coulson, there
23 were just a couple of areas I would like to discuss
24 with you if I may.

25

26 First, do I understand that part of
27 your role as a nursing supervisor was to be satisfied
28 that competent and careful nursing care was being
29 furnished by the nurses on the floor and the wards in
30 your area?

31

A. Yes.

32

33 Q. So far as the Phyllis Trayner
34 team was concerned did you have any basis at any time

35

36



B.10

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to question the competence or the experience or the
quality of care provided by that team?

4

A. Did I question it?

5

Q. Yes. Did you have any cause in
your own mind to have reservations about the competence
and experience of that team?

6

A. No, I did not.

7

Q. In the course of your duties
were you ever aware of any tensions or conflicts or
problems between any members of that team?

8

A. Yes.

9

Q. And between whom?

10

A. Between Phyllis Trayner and
Susan Nelles.

11

Q. How was that manifested?

12

A. Oh, they would have occasional
bickering; there was a tension at times between them.

13

Q. And did that occur from time to
time in your presence?

14

A. Yes.

15

Q. And did you observe it directly?

16

A. In my presence, yes.

17

Q. Was that true of the entire
period with which we are concerned; that is to say
from July of 1980 until March of 1981 on your
observation?

18



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Coulson, dr.ex.
(Lamek)

4212

B.11

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A. It seemed to improve - it seemed
to improve at one point. It was never out of hand.

3

Q. Were you - indeed I believe you
were present at the resuscitation effort on the child
Jordan Hines? You were there, were you not?

4

A. Yes.

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Coulson, dr.ex.
(Lamek)

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Q. Was there any conflict or
disagreement between nurses on that occasion, that
you observed?

5

6

A. Yes, there was some bickering
between Susan Nelles and Phyllis Trayner.

7

8

Q. Can you tell me what that was
about please?

9

A. It was about a pacemaker.

10

Q. Can you give me your best
recollection of the incident please?

11

12

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A. They were having a discussion
about the pacemaker and it got a bit louder. I had
not paid much attention to it, I was busy doing
something, and then Dr. Tom Costigan was there and
said "Ladies, please", and that is when my attention
was really brought to the fact that they were speaking
a little louder than usual. Then I spoke to them
later about the time and the place for such discussions.

Q. Can you help us more of your
recollection, you referred to it as a discussion,
was there an element of disagreement in the discussion?

A. They were bickering.

Q. About what, you say about a
pacemaker, but what about a pacemaker?

A. I don't remember the exact words,



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3 it was about a pacemaker, or different types, to that
effect.

4

5 Q. Have you any reason to think
6 that that incident in any way interfered with the
7 quality of the care and the efforts that were being
8 expended on Jordan Hines' behalf at that time?

9

A. Not at all.

10

Q. Did the death of Jordan Hines
surprise you?

11

A. It was unexpected.

12

Q. For what reason do you say it
was unexpected?

13

A. When I went to the arrest,
to the best of my recollection I didn't expect it
to be him that had arrested.

14

Q. Now, for the death of Jordan
Hines you were supervising Wards 4A and 4B were you
not?

15

A. Yes.

16

Q. You had seen the child prior
to the arrest in the course of the shift?

17

A. I would expect I would have,
I would have to check on my tour end sheets.

18

Q. Would it be useful for you to
look at that now?

19

20



Coulson, dr.ex.
(Lamek)

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A. Yes.

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Q. At pages 128-130, and they are arranged chronologically. The first tour end sheet on page 128 being for March the 5th. The night on which you were in charge of the ward, the night beginning March the 7th. By all means look at anything you need to do there, Miss Coulson, in order to help you with it.

A. From the tour end sheet I have marked a check mark, which to me the child had remained - and I have also written "stable", so to me that child was stable when I saw him. I don't know what time it was, but it was prior to 4:20.

Q. Well, if you followed your normal pattern that evening I take it you would have been on Ward 4A/B at approximately 12:30 - 1 o'clock in the morning?

A. It would be after 12:30, yes.

Q. And he was pronounced dead at 4:45 in the morning - I'm sorry, Hines I think was about 4:45.

A. I have got it as 6:45 here.

Q. It may not hugely matter for the purpose of my question, Miss Coulson, but on the basis of your observation of the child when



1

2

you made your rounds of the ward at 12:30 - 1 o'clock
in the morning and that sort of time, you say - was
it on that basis that you say that the child's death
later that shift was surprising to you?

3

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THE COMMISSIONER: I have the time
of death at least in Exhibit 344 at 5:25, but I don't
know --

9

MR. LAMEK: 5:25.

10

THE COMMISSIONER: 5:25 which is a
compromise between you and Miss Coulson.

11

12

MR. LAMEK: We will accept somewhere
between 4:45 and 6 o'clock, how is that?

13

THE COMMISSIONER: All right.

14

15

16

MR. LAMEK: Whatever it may be
worth from another source, Mr. Commissioner, the
death is shown as 4:10.

17

THE COMMISSIONER: I am looking at --

18

19

MR. LAMEK: Q. Let's take your time,
Miss Coulson, of approximately 6 o'clock in the
morning, 6:45.

20

21

22

THE COMMISSIONER: Mr. Tobias should
be able to put the matter at rest. What time do you
say?

23

24

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MR. TOBIAS: I say about 4:35, sir.
So there you go, Mr. Commissioner.



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MR. LAMEK: You get a prize for
coming closer to my time.

3

4

Nevertheless, on the basis of
your observation as you have noted it on the tour
end report, Miss Coulson, did you as at 12:30 -
1 o'clock in the morning expect that child to be
dead within five or six hours?

5

A. No, I did not.

6

Q. And in that respect did you
regard the death as a surprising one?

7

A. Yes, it was unexpected.

8

Q. Now, later that month, indeed
within a very few days, there was a night upon which
two children died, one on the shift, Baby Manojlovich,
and the other, Pacsai, died shortly after the end of
your shift, he got into trouble if I may put it that
way during the night shift, do you recall those
two children?

9

A. Yes, I do.

10

Q. You were present at the
arrest of Michelle Manojlovich?

11

A. Yes, I was.

12

Q. I ask you again were you
surprised that that child died, and once again you
may want to refer to your tour end report if it

13

14



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2

assists your memory.

3

A. What was the date?

4

Q. The 12th. Although you
probably would be looking at the shift starting on
the 11th I would think, the tour end report dated
the 11th.

5

6

A. Michelle Manojlovich had been
on the tour end sheets for the two previous days.

7

Q. Yes.

8

9

10

11

12

13

14

A. It is on here on constant
care on the 9th; she was on constant care on the
8th of March; she was on constant care on the 7th of
March; she had gone to the ICU on the 4th of March;
she had been on for quite a bit.

15

Q. Yes.

16

17

18

19

A. On the tour end sheet, and
she was the 2nd as well. She had aspirated and went
to ICU on the 4th; and she had been on, as I say
constant care; it looks like she was on shared care
on the 10th and she died on the 11th.

20

21

Q. She died on the morning of
the 12th?

22

23

24

25

A. The morning of the 12th. It
is written here, and I don't know whose writing it is,
by one of the supervisors, that she had finished her

C6



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Coulson, dr.ex.
(Lamek)

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2 antibiotic, she had blood sent through for culture
3 and sensitivity "Looks a bit better. Prognosis poor.",
4 and she died that morning at 3:45.

5 Q. As I look at the duty roster
6 for supervisors, Miss Coulson, this I think is
7 Exhibit 345, the two nights previous to that upon
8 which this child died were nights upon which
9 Mrs. Johnstone was working, and I take it therefore
10 it is likely she had been supervising 4A and 4B on
those two nights.

11 A. That's right.

12 Q. On the night of the 7th and
13 the 8th, I think you said the child was on the tour
14 end report on those days?

15 A. The 8th, yes.

16 Q. Certainly on that night
17 Mrs. Johnstone had not been on duty, but you had.
18 I would take it that you were supervising 4A and B
on the night when Mrs. Johnstone was not on duty?

19 A. Yes.

20 -----
21
22
23
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2 Q. But is it fair then that your
3 last observation as the person supervising the
4 ward, the last observation of that child had been
5 the 8th of March because on the two preceding
6 nights it was Mrs. Johnstone who had been super-
7 vising that ward?

8 A. I would have to say yes.

9 Q. Okay. And did you really
10 have sufficient current information to form an
11 assessment at the time as to whether Manojlovich's
12 death was a surprising or unexpected one?

13 A. Current information?

14 Q. Yes, as of the night she died.

15 A. Oh, no, no.

16 Q. Therefore, at that time I
17 take it other than such information as may have
18 been imparted to you by Mrs. Johnstone, you would
19 have no personal impression upon which to be
20 surprised or not surprised that the child died?

21 A. That's right.

22 Q. Okay. Now, was the same true
23 of Baby Pacsai?

24 MR. TOBIAS: Excuse me just one
25 moment, Mr. Lamek. This may be an opportune time
to mention this because Mr. Lamek is moving on to



1 another child. So that there won't be any
2 confusion, my information regarding the time of the
3 Hines' arrest, and I'm not sure that anything turns
4 on it, but just so that we don't confuse the
5 witness, Nurse Reaper noted at page 66 of his chart
6 that the child arrested at 4:10. Dr. Costigan's
7 arrest note indicates that the child arrested at
8 4:25.

9 My information, which comes from the
10 parents and it is not in the medical chart, is that
11 some time between 5:30 and 6:00 a.m. Drs. Rose and
12 Costigan came to them and indicated that the
13 resuscitation effort had been abandoned and we know
14 from the evidence that the resuscitation effort was
15 an hour to an hour and a half in the Hines' case.
16 So, that would place the time of death some time
17 between 5:30 and 6, depending on who is accurate
18 as to what time he arrested.

19 THE COMMISSIONER: Yes, all right,
20 thank you.

21 Well, the hour is 5:25 that we were
22 working on on Exhibit 3 and that seems to have been
23 taken on for everything else. I take it that is
24 no doubt - Miss Cronk isn't here and she is
25 responsible for all those dates. But is there not



1

3 2 a time of 5:25 on the abandonment of the resuscitation
3 somewhere in the chart?

4 MR. TOBIAS: I have not come across
5 it, Mr. Commissioner.

6 THE COMMISSIONER: Well, we can cross-
7 examine Miss Cronk on that some time and see where
she got it.

8 MR. TOBIAS: Thank you.

9 THE COMMISSIONER: Yes, all right.

10 MR. LAMEK: Thank you, I am grateful
11 to Mr. Tobias for that.

12 Q. Now, as we said, the other
13 child who got into trouble that night, although he
14 did not die until after the end of your shift, was
15 Kevin Pacsai. Had you seen Kevin Pacsai during your
shift on the night of March 11th/12th?

16 A. That was the night of
17 Manojlovich's death?

18 Q. The same night that Manojlovich
19 died, yes.

20 A. Yes, I saw the baby that morning.

21 Q. And what was his condition at
the time that you saw him?

22 A. He was starting to go funny.

23 Q. He was starting to go funny?

24

25



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4

2 A. Yes.

3 Q. Can you tell me what you mean
4 by starting to go funny?

5 A. I would have to look at his
6 chart.

7 Q. Would that be of help to you?
A. Yes.

8 MR. LAMEK: Could we have that, Mr.
Registrar, please, the chart for Kevin Pacsai.

9 MR. SHINEHOFT: It is Exhibit 106.

10 MR. LAMEK: 106, thank you.

11 A. From what the chart says and
12 from what I remember about Manojlovich, the baby
13 died, or Manojlovich died about 3:30, a quarter
to four.

14 Q. Yes.

15 A. And Susan Nelles has written
16 in here on Pacsai that she had started to feed
17 Kevin at approximately 4 o'clock and he became ---

18 THE COMMISSIONER: What page are you
19 referring to?

20 THE WITNESS: Oh, I am sorry, page
21 65.

22 THE COMMISSIONER: Thank you.

23 MR. LAMEK: Q. She started to feed
him at about 4 o'clock?

24

25



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5 2 A. And he went limp. He was
 3 lethargic and went limp in her arms.

4 Q. Yes.

5 A. And I was still on the floor
 6 at that point.

7 Q. And did you go in to see him?

8 A. I remember going in to see him,
 9 yes.

10 Q. And what was your impression
 11 of him when you saw him?

12 A. I remember him being a larger
 13 baby than some of the other babies on the floor.
 14 I remember seeing him - the picture I have in my
 15 mind was that he was pink and a beautiful baby and
 16 Dr. Costigan had come in and looked at him.

17 Q. Now, the child, as you say,
 18 was in your words starting to go funny, and mine
 19 getting into trouble about that time in the morning?

20 A. Yes.

21 Q. And we know the course of
 22 events that followed. Did you learn later that he
 23 had died early in the morning after your shift in
 24 the ICU?

25 A. Yes, I heard that later.

26 Q. When did you learn that?



1

6

A. I would have to look in my
schedule to see if I was on that night.

4

Q. I believe you were.

5

A. That was the 12th?

6

Q. The 12th, yes.

7

A. Yes, I was on that night.

8

So, I would have found out when I came in.

9

Q. Indeed not only were you on
but Mrs. Johnstone was off and it is therefore
likely is it not that you were supervising for
A/B that night?

12

A. Yes.

13

Q. Is it your recollection then
that you learned of his death when you next were on
that ward or on duty?

15

A. I would have known before
I went around.

17

Q. Before you got to the ward?

18

A. Yes.

19

Q. I ask you again, and I use
the word surprise, were you surprised on the basis
of what you saw of that child that he got into
the difficulty that he did and died as he did?

22

A. He was transferred to ICU.

23

Q. Yes.

24

25



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A. And he died in ICU. I can't
really say whether I was surprised or not because
I didn't know what was going on with his heart.

5

6

7

Q. All right. But I ask you really
a double-barrel question. Since the child had
gone to the ICU, perhaps it is not surprising that
the child dies in the ICU.

8

A. That's true.

9

Q. It indicates a serious

10 condition, does it not?

11

A. Yes.

12

Q. But I also ask you whether
you were surprised that he got into the difficulties
that he did on the basis of what you saw of him.
Did it surprise you that he deteriorated as he
apparently did so rapidly?

16

17

A. So rapidly, yes, that did
surprise me.

18

19

20

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Q. All right. Now, you told
us yesterday that on one occasion at least you spoke
to Dr. Costigan about these deaths, and you told us
about that conversation. I don't know whether I
asked you if you could recall approximately when
that conversation occurred. If I didn't, let
me ask you now. Do you have a recollection of when



1
2 it was?

3 A. I had more than one conversation
4 with him.

5 Q. All right.

6 A. I can't remember when they
7 were.

8 Q. Can you help us whether they
9 were in the fall, in the late part of 1980, the
10 early part of 1981, can you even help us that far?

11 A. I would have to say in the
12 winter, going into January of '81.

13 Q. And you had more than one such
14 conversation with Dr. Costigan?

15 A. Yes.

16 Q. Can you give us your best
17 recollection then of the different discussions
18 or conversations you had with him on these deaths.
19 Were they all initiated by you. Who raised the
20 question of the deaths as between you and Costigan?

21 A. I don't remember whether he
22 did or I did, I don't remember.

23 Q. All right.

24 A. We talked about the fact that
25 they were always happening at night, that they were
babies, that it was always on 4A/B, it was always



1

2

the same nursing team, I felt reassured that he
and other people were looking into the baby deaths.

4

5

Q. Did it appear to you that
he also had observed the same patterns that you
observed?

6

7

A. Yes.

8

9

Q. And did it appear to you that
he shared your concern and questions about those
patterns?

10

A. Yes.

11

12

13

14

Q. All right. Other than telling
you that the matters were being looked into, was
he able to give you any other reassurance or
comfort?

15

A. The fact that he was concerned
helped me.

16

17

18

19

Q. Other than your conversations
with Dr. Costigan, did you discuss the deaths and
the patterns that you had seen with any other
physician in the Hospital?

20

A. I remember talking to Dr.
Schaffer about them.

21

22

Q. Do you recall when that was?

23

A. It would have been in 1981;
whether January, February, March, in that time period.

24

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Q. And how did that conversation
come about?

4

A. That would have come up probably
around the time of an arrest, after an arrest.

5

Q. And were the same matters
discussed with Schaffer as there had been with
Costigan, that is, the occurrence of these deaths
in the middle of the night, the age of the children
and so on?

10

11

A. Yes, to see if there was any
explanation.

12

13

14

Q. Did it appear to you that
Dr. Schaffer had made the same observations as
to the patterns that you and apparently Dr. Costigan
had?

15

16

A. To the best of my recollection,
yes.

17

18

Q. Was he able to offer you any
comfort or reassurance?

19

A. No, he seemed frustrated.

20

21

22

23

Q. Other than Drs. Costigan
and Schaffer, did you have any discussions about
these deaths with any other physician; I don't mean
now about individual deaths but about the sequence
or the pattern of deaths?

24

25



- 1
- 2 A. Not that I remember.
- 3 Q. Did you attend a meeting at
- 4 the home of Mrs. Radojewski on Monday, March 23rd?
- 5 A. No.
- 6 Q. Were you invited to that
- 7 meeting?
- 8 A. No.
- 9 Q. Were you aware that it was
- 10 being held?
- 11 A. I heard about it after.
- 12 Q. You had no notice that it
- 13 was going to be held and you were not invited?
- 14 A. No.
- 15 Q. All right. Did you ever
- 16 discuss the number and the sequence and the pattern
- 17 of deaths with any member of the Phyllis Trayner
- 18 team?
- 19 A. I am sure we talked about it.
- 20 Q. Do you have any particular
- 21 recollection of any particular conversations?
- 22 A. Not a particular conversation.
- 23 Q. All right. How did the members
- 24 of that team, and I am now thinking of all of them,
- 25 how did the members of that team appear to you to
- be handling the strain of these deaths?



1

2 A. They seemed to be closer
3 together. They were supporting each other. It
4 was a very traumatic time for all of us. Lynn
5 and I seemed to be there a little more, we were
6 closer to them probably - I felt closer to them
7 than to any other team on 4A/B Ward.

8 Q. And they appeared to you to
9 be drawing closer together themselves, did they?

10 A. Yes.

11 Q. In particular, we know that
12 there were three registered nurses on that team,
13 that is to say, Nurse Trayner the team leader,
14 Nurse Nelles and Nurse Scott. Those three, on the
15 evidence that we have had, were on duty for more
16 of these deaths than were the RNA's on the team.
17 I don't know whether you made that observation
18 but I tell you that is the evidence that we have
19 had.

20 Casting your mind back over the nine
21 month period if you can, can you tell me your
22 observations as to how each of those three registered
23 nurses appeared to be handling the stress and the
24 strain of these ongoing deaths?

25 A. Do you mean during the arrest
26 or after the arrest?



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2 Q. I mean in any way that you can
3 help me. How did each of them appear to be dealing
4 with this ongoing problem?

5

6 A. I remember Phyllis was
7 always - she always went for a cigarette and a
8 coffee after an arrest. She would be quite vocal
during an arrest and telling people what to do,
bossy at times.

9

Q. Yes.

10

11 A. And always wanted to get the
child to ICU. She was always crying after. Susan
12 seemed calmer, very efficient, she would be out-
spoken at times, frustrated with what was going on.
13 I don't remember seeing her crying, but that isn't
14 to say that she didn't cry. Sui Scott was hyper,
15 a bit jumpy at times and she seemed to settle down
16 a little later; we did speak about it. I don't
17 remember seeing her cry but I know she was
18 agitated.

19

20

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Q. Did each of the three - no matter how she individually chose or was able to express it - did each of the three appear to you to be distressed and disturbed and upset by these deaths? They may have manifested it differently but was that the impression or what was your impression?

A. They were really concerned with what was happening, and each showed it in their own way.

MR. LAMEK: Miss Coulson, thank you very much. Those are my questions.

THE COMMISSIONER: Mr. Brown - oh, I am sorry, Miss McIntyre?

MS. MCINTYRE: Thank you, Mr. Commissioner.

EXAMINATION BY MS. MCINTYRE:

Q. Miss Coulson, I would like to first ask you some questions, some general questions about the administration of medications.

I take it as a registered nurse and as a staff nurse you have been involved in the administration of medications?

A. Yes.

Q. And as a supervisor you supervise nurses administering medications?



E.2

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A. Yes.

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Q. Do you feel you are familiar with
accepted practice and procedure in that regard?

3

A. Yes.

4

Q. Can you tell us if Nurse A gives
a patient medication who should sign for that medication?

5

A. Nurse A.

6

Q. Thank you. And can you tell us
what your source of that is? Is there a written rule
or where did you learn that?

7

A. In nursing school.

8

Q. Can you tell us offhand if there
is a written rule somewhere to that effect?

9

A. I would imagine it's in the Policy.

10

Q. Now in spite of this rule can you
tell us if at times when Nurse A may give a medication,
Nurse B may record that medication in the records?

11

A. I am sorry, would you repeat that?

12

Q. If there are times when though
one nurse may give the medication it may be recorded
by another nurse?

13

A. Yes, there would be times.

14

Q. Are you familiar with that
practice?

15

A. I know it happens.

16

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E.3

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Q. Can you give us any idea as to
how frequently that happens?

4

A. I would say occasionally.

5

Q. Okay.

6

7

THE COMMISSIONER: Is there any
indication when she signs for it as to whether she
has given it or not?

8

THE WITNESS: Usually it is verbal.

9

THE COMMISSIONER: Verbal?

10

11

12

13

THE WITNESS: If a nurse was busy and
someone else gave her medication and had signed for
it, that would be how I would imagine that it would
be told. She would say "I signed - I gave your
medication for you".

14

15

THE COMMISSIONER: That is not what --

16

THE WITNESS: No?

17

18

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THE COMMISSIONER: What I am really
concerned about, the signing of the chart. When you
sign on the chart that you have given a medication
but it has actually been done by somebody else, do you
give any indication that it was actually performed by
somebody else?

22

23

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What is disturbing me about all this
is that there is no way of looking at a chart, if you
say this is legitimate (and there seems to be some



E.4

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2 doubt as to whether it is legitimate) because we have
3 heard before it shouldn't be done; and you have told
4 us in the nursing school it shouldn't be done --

5 THE WITNESS: That is right.

6 THE COMMISSIONER: .-- but nevertheless
7 it appears to be done? That is what you are saying?

8 THE WITNESS: It is done occasionally.
9 And it should not be done, and if a nurse has signed
10 for something that she didn't give, there is really
no excuse for that.

11 THE COMMISSIONER: Well, supposing you
12 are the supervisor.

13 THE WITNESS: Yes.

14 THE COMMISSIONER: You say it is done
15 verbally. Somebody tells you. Would anybody tell you
16 "I didn't give this but I signed for it because
so and so told me that she did it"?

17 THE WITNESS: They wouldn't tell me
18 that, no.

19 THE COMMISSIONER: They wouldn't?

20 THE WITNESS: That wouldn't be something
they would tell me.

21 THE COMMISSIONER: Why would they not
22 tell you?

23 THE WITNESS: Because that would be

24

25



E.5

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2 something between the two nurses, and they would know
3 that that wasn't the thing, the proper way of giving
4 the medication.

5 THE COMMISSIONER: Well, what I am
6 finding trouble - you see you answered Miss McIntyre
7 saying it is done occasionally.

8 THE WITNESS: Yes.

9 THE COMMISSIONER: Is it just the fact
10 that you know people don't do what they should do, is
11 that why you are saying it?

12 THE WITNESS: Yes.

13 THE COMMISSIONER: Is it ever done
14 with approval by the Hospital?

15 THE WITNESS: If it is done with
16 approval it would have been signed given by Nurse A
17 per Nurse B.

18 THE COMMISSIONER: That I would have
19 thought is the way it should be done.

20 THE WITNESS: That is the way it should
21 be done.

22 THE COMMISSIONER: And I don't see
23 anything radically wrong with that. We do it all the
24 time in our profession. We are always signing some-
25 body else's name but we sign it per ourselves.

THE WITNESS: That is right.



E.6

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THE COMMISSIONER: That means that we have been authorized to do it, so then at least you know who did it?

5

THE WITNESS: Exactly.

6

7

THE COMMISSIONER: But if it is signed by Nurse B when Nurse A administered it, then there is a false impression given.

8

9

10

THE WITNESS: That is right, because you would think the other nurse gave it, the one who signed for it.

11

12

13

14

15

16

17

18

THE COMMISSIONER: Now I certainly led you through that, but I want to ask you at the beginning and perhaps Miss McIntyre will follow this up in some other way: did you ever, and I can tell you that anything that you answer by the Statute itself or by the Charter of Rights you are protected from any prosecution: do you ever yourself sign for medication that you did not yourself administer? And if you don't want to answer it, don't answer it.

19

20

THE WITNESS: I may have. I don't remember. It is not a usual practice of mine.

(2)

21

THE COMMISSIONER: All right. Thank you.

22

Yes, Miss McIntyre?

23

MS. MCINTYRE: Q. Miss Coulson, just

24

25



E.7

1

2 to clarify: you told the Commissioner that there
3 would be a verbal report. Do I take it you are
4 referring as between the two nurses, Nurse A and
5 Nurse B?

6

A. Yes.

7

Q. And Nurse A might say that I
gave your medication for you and Nurse B would then
sign the medication off?

9

A. That would be what -- I would
expect that happened.

11

Q. What circumstances from your
experience might that occur?

13

A. If the nurse was really busy - if
Nurse A was really busy.

14

Q. And given that you recognize
that it does happen from time to time as the
Supervisor how serious would you consider that breach
of the rule to be?

18

19

A. If I knew it was happening I
would speak to that person.

20

21

Q. Now can you tell us if you are
familiar at all with the practice whereby prior to
medications being given they would be signed off in
the medical records?

23

24

A. I am not familiar with that
practice.

25



E.8

1

2 Q. And is that proper procedure?

3 A. No, it isn't.

4 Q. When should medication be signed

5 off in theory?

6 A. After they are given.

7 Q. Would that be immediately after-

wards?

8 A. It should be.

9 Q. And when in practice from your

10 experience are they signed off?

11 A. When the nurse takes the time or

12 has the time to get the chart to sign them off.

13 Q. And in your experience are the

14 times recorded for giving medications always absolutely

precise?

15 A. Not exactly to the minute. We

16 are usually given a half hour leeway.

17 Q. Now, Miss Coulson, I want to

18 ask you some questions about your role as Night

19 Supervisor at The Hospital for Sick Children.

20 Can you tell us first of all with

21 respect to those nights when Lynn Johnstone was not

22 on duty and you therefore would be responsible for

23 Wards 4A/B, how many nursing units in total would you

be responsible for?

24

25



E.9

1

A. Up to 18.

2

Q. And how many patients would that involve?

3

A. It could be between 250 and 300.

4

Q. So I take it from that that you did not have a great deal of time to concentrate either on one nursing unit or on one particular patient?

5

A. That is right.

6

Q. And now without going through the specific duties of your job, can you tell us in general terms what you understood your responsibilities to be as a night supervisor?

7

A. To assess the nursing care that the children were receiving during the night shift, to problem solve in any situation, a problem that came up, to ensure that there was adequate staffing, to recognize the needs of a particular unit, and to arrange staff accordingly for the next day so it would be projecting the staffing.

8

Q. And when you refer to problems are you referring to individual problems that came up on a night-by-night basis or are you referring to overall problems?

9

A. Whatever happened during the night shift.

10

11



E.10

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2

Q. Did you have any say as to how a
individual nursing unit was to be administered?

4

A. No.

5

Q. Whose role was that?

6

A. The head nurse.

7

Q. And what input did you have into
the overall nursing administration of the Hospital?

8

A. None.

9

Q. Who would that be?

10

A. Who would?

11

Q. Who would have responsibility for
the overall nursing administration of the Hospital?

12

A. At that time it was the Director
of Nursing.

13

Q. That is Miss Geiger?

14

A. That is right.

15

Q. Who was your immediate supervisor?

16

A. Mary Sword.

17

Q. And what was her position?

18

A. She was the 11 to 7 co-ordinator.

19

Q. Did you report to her on a
formal daily basis?

20

A. Not formally.

21

Q. How did you report to her?

22

A. Verbally, of any concern or

23

24

25



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4243

E.11

1

2 anything that I felt she needed to know.

3 Q. Did you report daily to anyone?

4 A. If the day co-ordinator was
5 there at 7:30, before I went off, I would give her a
6 summary of what took place the night before.

7 Q. And with respect to 4A/B that
would generally be Miss Pyykkonen?

8 A. Mrs. Lea Pyykkonen, that's right.

9 Q. And you would give her a verbal
10 report and she would also get the tour end report;
11 is that right?

12 A. That is right.

13 Q. Other than the tour end reports,
14 were you involved in making any routine documentation
as to what had happened on the night shift?

15 A. As to what had happened?

16 Q. Yes.

17 A. The tour end sheets - we kept a
18 record of the staffing and the parents that were
19 staying, and the census.

20 Q. The census, did that include
information as to the deaths?

21 A. Yes.

22 Q. And who would that go to, do you
23 know?

24

25



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4244

E.12

1

A. I can't remember.

2

Q. You left it in the Nursing Office?

3

A. Yes.

4

Q. I take it that the tour end

5

reports did include an analysis of deaths on the shift?

6

A. Yes.

7

Q. Now did you have any formal reporting relationship with the head nurse of the unit, various units, for which you were responsible?

8

A. No.

9

Q. Would you in fact see the head nurses on a routine basis?

10

A. Routine, no.

11

Q. Would you have any meetings with them at any time?

12

A. No.

13

Q. In fact were you involved in any meetings of any sort on a formal basis either with other night supervisors or other senior nursing personnel?

14

A. No.

15

Q. Was there any forum for you to sit down and analyze long term problems?

16

A. No.

17

Q. I take it your interaction with

18

19



E.13

1

2 the doctors was on an ad hoc basis as to who you
3 happened to see in the units on nights?

4 A. That is right.

5 Q. Now then turning specifically to
6 the concerns that you had with the deaths that were
7 occurring on 4A/B during the nine-month period in
8 question, I take it that with respect to those
9 instances where you were in charge of 4A/B for the
10 night shift that you would make a report to someone
11 in the morning; is that right?

12 A. If Mrs. Pyykkonen or whoever was
13 there in her place - she was away for a while - I
14 would report to her, yes.

15 Q. Okay. And if she wasn't there?

16 A. Whoever was taking her place, if
17 they were there.

18 Q. And I take it on the weekends
19 that that rule was assumed by one of the head nurses
20 who was working the weekend?

21 A. Yes. It would be a co-ordinator
22 on and at that time there was a co-ordinator and two
23 head nurses.

24 Q. Did you report the individual
25 deaths to Miss Sword, your immediate supervisor?

A. Yes.



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4246

F/DM/ak

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Q. Do you recall discussing, not the individual deaths, but the overall concerns you had about the deaths with any of your superiors in the nursing office?

A. Yes, I had talked to Miss Sword. I remember talking to Miss Greenleaf, Mrs. Pyykkonen, Miss Richardson and I believe Mrs. Miller.

Q. Who is Mrs. Miller?

A. Mrs. Miller was at that time the staffing co-ordinator.

Q. The staffing co-ordinator?

A. Yes.

Q. And over what period of time, can you pinpoint when these discussions took place?

A. It would be on an ongoing basis.

Q. And would that be over the entire nine-month period?

A. Yes, it would be particularly around the time when we would have a run of - so I would have to say in the summer of 1980 and in the winter around Christmas time.

Q. And what response did you get from those individuals that you were expressing your concerns to?

A. They heard what I was saying,



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and I assumed they were looking into what was going
on.

4

Q. Did you have any specific
understanding as to what was being done, if anything,
about the problem?

7

A. - Not specifically.

8

Q. Were you ever asked to attend
any kind of meeting, to sit down and analyze what
was happening on 4A/B?

10

A. No.

11

Q. Do you recall if you raised
your concern about the deaths with either of the
head nurses on 4A and 4B?

14

A. I don't remember.

15

Q. You have told Mr. Lamek about
the discussions that you had with the doctors. I
take it you didn't attend any of the rounds, or any
meetings that the doctors would attend with respect
to the discussion of the deaths?

19

A. That's right.

20

Q. Mr. Lamek has asked you some
questions about your reaction to particular deaths
and whether or not the death was a surprise to you,
or expected by you. Can you tell me how much experi-
ence you had had in the area of cardiology prior to

24

25



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F3

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assuming your supervisory duties at the Hospital?

2

A. Not very much.

3

Q. And how would you compare your expertise in cardiology with that of say Mrs. Johnstone?

4

A. Mrs. Johnstone had worked in the ICU and was quite familiar with cardiology, whereas my experience was with caring for babies that had had cardiac catheterization, and perhaps going relieving on the cardiac floor.

5

Q. Could you compare your expertise with that of Mrs. Radojewski?

6

A. Well, Mrs. Radojewski had great experience in cardiology, she had been a teaching team leader before she was a head nurse.

7

Q. As far as your knowledge of the particular children, would you have reviewed their medical charts?

8

A. No.

9

Q. Where did you get the information from on which you would make an assessment of the child when you did your initial rounds? I take it, I haven't had an opportunity to review them in detail, but I take it you would make comments on the tour end reports, is that right?

10

A. Yes.

11

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F4

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Q. Where would that information
come from?

3

A. From the nurse that I would go
on rounds with, or from the nurse caring for the
child.

4

Q. And would you necessarily be
familiar with the details of the medical history of
the child?

5

A. When we would make rounds the
nurse would tell me, summarize what had happened to
the child, whether or not the child had had surgery,
a bit of the background information.

6

Q. Now I take it that the routine
was that Mrs. Johnstone routinely was the supervisor
on 4A/B and you covered for her essentially when she
wasn't there?

7

A. Yes.

8

Q. Is that right, on her days off?

9

A. Yes.

10

THE COMMISSIONER: I don't know if
"covered for her" is the right word, substitute?

11

MS. MCINTYRE: Q. Substitute for
her, is that a better word?

12

A. Yes.

13

Q. Thank you, Mr. Commissioner.

14

15



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4250

F5

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3 So I take it that you would be on
4 A/B for maybe two or three days and then you would
5 be away for a time period?

6

A. Yes.

7

Q. So your exposure to the
8 children would be intermittent?

9

A. Yes.

10

Q. Given all that do you feel that
you were in a position to assess whether the death
of the child was consistent or inconsistent with
the child's clinical condition?

11

A. I couldn't state that, no.

12

Q. Were you aware of the mortality
and morbidity meetings that occurred in 1980,
September of 1980, with respect to the deaths of
the children on 4A/B?

13

A. Not that I remember.

14

Q. So I take it you were not
invited?

15

A. That's right.

16

Q. What about the meeting in
January of 1981, were you ever made aware that that
meeting had occurred?

17

A. Which meeting is that?

18

Q. The meeting in January of 1981,

19

20



F6

1

2

3 involving a discussion amongst a number of staff
4 both from medicine and nursing with respect to the
deaths?

5 A. I heard about the meeting.

6 Q. Again I take it you were not
7 invited?

8 A. That's right.

9 Q. Did you have any understanding
as to the results of that meeting?

10 A. I knew that they had looked
11 into the baby deaths and there was some talk of a
12 step-down unit.

13 Q. Did you have - did your hearing
14 about that meeting ease your concerns in any way
15 with respect to the problems on 4A/B?

16 A. Yes, because there were a
17 great number of people that were meeting and I was
18 glad to hear that that meeting had taken place.

19 Q. And I take it that you had
20 talked to Dr. Costigan around that same time from
what you have told Mr. Lamek?

21 A. From what I remember, yes.

22 Q. Now following that meeting in
23 January, I take it - or at least during the month of
24 January you were on the ward for only one death, and

25



1

2

that is the Estrella death on January the 11th, is
that right?

4

A. I was there for it, yes.

5

Q. And then in February I believe
that you were there only with respect to --

6

THE COMMISSIONER: I'm sorry, there
was only one death.

7

MS. MCINTYRE: Yes, there was only
one death in January.

8

9

10

11

12

Q. And I believe in February that
you were present only with respect to the death of
Floryn?

13

14

A. In February? I remember being
on vacation in February.

15

16

17

Q. And so in fact that you were
not on for any other deaths until that of Leith on
March 6th of 1981, is that right?

18

19

20

21

A. That's right.

Q. So following what you heard

from the meeting in January, did you have any reason
to have particular concerns about the deaths on 4A/B
until the second week, or beginning March 6th of 1981?

22

A. That's right.

23

MS. MCINTYRE: Mr. Commissioner,
did you wish to take the break?

24

25



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4253

F8

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3 THE COMMISSIONER: Yes, thank you,
4 you are quite right. Thank you for reminding me,
5 I wouldn't like the first day for the experiment not
6 to go on. Thank you, we will take 20 minutes.

7
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G/BM/ak

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2

--- Upon resuming.

3

THE COMMISSIONER: Yes, Miss McIntyre.

4

MS. MCINTYRE: Q. Miss Coulson,

5

aside from the arrests on 4A/B where you were
actually in charge of the unit, I take it that you
would also attend the others where you were not
in charge?

6

A. Yes, I would answer the Code
25.

7

Q. So that all the ones that
appear on Category A and B on Mr. Lamek's chart you
would have attended at some point during the arrest?

8

A. Yes.

9

Q. And what would your role be
if you were the second supervisor?

10

A. To do whatever was needed.

11

Q. Now, I would like to take you
to the weekend starting March 21st. I know that
Mr. Lamek has taken you through that but I would like
to ask you a few questions.

12

When did you first learn that there
might be an inquest on the Pacsai child?

13

A. I learned that the morning
of the 21st, the Saturday morning after Allana Miller
had died.

14

15



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4255

G2

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4

Q. And when did you first learn
that Pacsai was reported to have a high digoxin
level?

5

A. At the same time.

6

7

Q. Did you at that time learn what
the level was?

8

A. No.

9

Q. Do you recall when you
acquired that information?

10

A. No.

11

12

13

14

Q. Was the mere fact of learning
that a high digoxin level had been recorded in the
child without knowing what the level was a startling
revelation to you?

15

16

A. No, I knew of other children
who had had high digoxin levels.

17

Q. It wasn't unheard of?

18

A. No, it wasn't unheard of.

19

20

21

Q. And when did you first learn
that the police were involved in an investigation
at the Hospital?

22

A. Either the Monday morning or
the Tuesday morning.

23

24

Q. And then I take it you learned
that Susan Nelles was charged on the Wednesday?

25



G3

1

2

A. The Wednesday afternoon I heard,
yes.

4

Q. And just so that we are clear,
when did you first think that someone might be
deliberately causing the deaths of these children?

7

A. Somebody deliberately?

8

Q. Yes.

9

A. The Tuesday night.

10

THE COMMISSIONER: I'm sorry, what
was that question, when did you what?

11

MS. MCINTYRE: When did she first
think that somebody might be deliberately causing
the deaths of the children?

14

Q. Now, yesterday when Mr. Lamek
was asking you questions he asked you the following
question at page 4132 of the transcript:

17

"Q. Did you at any time, Miss Coulson,
prior to late March of 1981 entertain
the thought that somebody might be
causing the deaths by accident or other-
wise?"

21

And your answers was:

22

"A. That thought did enter my mind.

23

Q. Can you tell me when?

24

A. I would have to say in the

25



1

2

"early part of March, about the second week."

3

4 Now, first of all, can you please
5 clarify the date which you were referring to with
6 respect to the deaths of particular children perhaps?

7

A. That I would start to think
that something...?

8

Q. When you referred in your
evidence:

9

10 "I would have to say in the early part
11 of March, about the second week.",
12 what were you referring to?

13

A. There was a week there when
there were I think five deaths in a row.

14

Q. I take it that that would
start on March the 6th with the death of Leith and
on the 7th the death of Warner and on the 8th the
death of Hines and on the 9th the death of Gionas.
Would that be the week you were referring to?

15

A. That would be the week I would
be referring to, yes.

16

Q. And can you please clarify to
us what your thoughts were at that time?

17

A. Something was happening to
these children. Now, I don't exactly remember what

18

19

20

21

22

23

24

25



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4258

1

2 my thoughts were.

3

4 Q. Did you at that time entertain
5 the possibility that someone was deliberately causing
6 the deaths of the children?

7

A. At that time?

8

Q. Yes.

9

A. No, I didn't.

10

Q. Now, you later told Mr. Lamek
11 at page 4146 of yesterday's transcript that when you
12 learned that the digoxin was locked up, when on
13 coming to work on the Saturday night, that you
14 thought the digoxin might be the explanation for the
15 deaths. Perhaps I should read it to you:

16

"Q. Is it fair to say then that
17 although you had not considered
18 digoxin and high levels as an explana-
19 tion merely upon learning of the
20 Pacsai elevated concentration, when
21 that was put together with the news
22 that digoxin had been locked up it
23 did then occur to you that digoxin
24 might be the thread that ran through
25 these deaths?

26

A. Yes.

27

Q. All right.

28

G5

29



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"Now that having occurred to you as
the same thing, did that not bring
you face to face with the same one
possibility because digoxin doesn't
find its way on its own into babies;
is that fair?

A. That's fair.

Q. Okay. Did that occur to you
that evening when you came on duty
and received that news?

A. No. I was more concerned with
the actual digoxin or maybe the actual
digoxin concentration or the fact that
maybe there had been an overdose, an
accidental overdose -- "

Can you explain to us first of all
what you meant by digoxin concentration?

A. My thoughts at that point
would have meant concentration coming from pharmacy,
the pharmaceutical company, that there was something
wrong with the digoxin itself.

Q. And how in your mind would that
lead to a high level of digoxin being found in
Pacsai or other children?

A. When the nurses would draw up



1

2

the digoxin calibrated for that particular dose that they were giving too much, the strength would be too concentrated.

5

6

Q. And would that be a some body or a some thing in yesterday's analysis?

7

8

9

10

A. That would have been a some thing in that it was the digoxin and that it would have been some body in that they would have drawn up the digoxin but it would be the concentration that was what was running through my mind.

11

12

13

Q. Okay. And can you clarify what was in your mind with respect to an overdose, an accidental overdose?

14

15

16

A. That in calculating a dose of medication that the calculations were wrong and not picked up, that it would be unaware, the nurse would be unaware that this had been given.

17

18

19

Q. Okay. Were you given a reason on that Saturday night by anyone as to why the digoxin was being locked up?

20

21

A. There was the concern for the digoxin.

22

23

Q. Were you told what the concern was?

24

25

A. No, I wasn't.



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4261

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Q. Did you ask anyone from
Administration what the concern was?

3

A. There was no one there from
Administration.

4

Q. So, I take it the reasons you
have just gone through, the possibilities about
concentration or overdose were the reasons you
speculated on?

5

A. Yes.

6

Q. And would those have explained
why digoxin was being locked up in your mind?

7

A. It could be one explanation,
yes.

8

Q. And you have told us that night
that you attended at the arrest of Justin Cook?

9

A. Yes.

10

Q. And that you remained on
Ward 4A/B some time after Lynn Johnstone left the
ward?

11

A. When Lynn Johnstone left I was
in charge of the arrest, yes, the nursing aspect of
the arrest.

12

Q. Do you recall if you told
Lynn Johnstone about the death when it actually
occurred?

13

14



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A. Just after the baby died I went out to the telephone and called ICU and then I called Lynn Johnstone in the office.

Q. And did you have any further communication that night with Mrs. Johnstone?

A. Not that I remember.

Q. You then came to work on the Sunday night?

A. Yes.

Q. And what did you expect to be doing that night?

A. I thought Mrs. Johnstone wasn't on, so, I expected to be covering for 4A/B.

Q. And were you in fact assigned to do that?

A. No, I wasn't.

RCHSC
Feb 21



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4263

EMT.jc

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Q. Do you recall who was?

3

A. Miss Sword was covering 4A/B

4

and there was a supervisor there all night checking
medications.

5

6

Q. Were you given any explanation
as to why you would not be on Ward 4A/B supervising?

7

8

9

10

A. I think the decision - from what
I remember the decision had been made during the day
shift that the supervisor in charge - in charge of
the Hospital would cover 4A/B.

11

12

Q. But were you given any reason
why that decision would be made?

13

A. No.

14

15

Q. Were you given any explanation
as to why Ward 4A/B was being constantly supervised
that night?

16

17

Q. What was the atmosphere in the
Hospital that Sunday night?

18

A. It was tense.

19

20

Q. And that was because of what was
happening on Ward 4A/B or was it because digoxin was
locked up? I take it that was throughout the
Hospital?

22

23

A. That was throughout the Hospital.

Some wards knew that 4A/B had a supervisor there and

24

25



H.2

1

2 that the team wasn't, the Trayner team hadn't been in
3 that night. It wasn't general knowledge so some areas
4 were more tense than others.

5 Q. And did you think that you fully
6 understood what was going on in the Hospital?

7 A. No, I didn't fully understand it.

8 Q. And I take it that the circum-
9 stances Monday night were very similar to those on
Sunday night; is that right?

10 A. Yes.

11 Q. You advised Mr. Lamek that you
12 learned that Homicide had been called in either on
the Monday morning or the Tuesday morning at the end
13 of your shift?

14 A. That's right.

15 Q. And that was by who again?

16 A. Muriel Richardson told me that.

17 Q. What did she tell you exactly,
18 do you remember?

19 A. She had been the co-ordinator
in charge of the Hospital on the weekend, during the
20 weekend, and Miss Geiger had come in for a meeting
with Administration and some of the doctors, and from
21 that she knew that Homicide had been called in and
that it was very quiet.

22

23



H.3

1

2 Q. What do you mean "very quiet"?

3

A. It was hush-hush; nobody was to
know about it.

4

5 Q. You felt you weren't at liberty
6 to pass that information on?

7

A. That is correct.

8

Q. Now I take it that by Tuesday
evening when you and Lynn Johnstone came on duty that
you had reached certain conclusions as to why Homicide
was called in and why strange things were happening
on Ward 4A/B?

11

A. Yes.

13

Q. Is that fair?

14

A. Yes.

15

Q. And is it fair to say you assumed
that murder was being considered?

16

A. To me Homicide meant murder, and
that was a question that I voiced to Lynn.

18

Q. Can you tell me what number of
babies you assumed to be included in that investigation?

20

A. Going back to the run of baby
deaths in July of 1980. I can't give you a number,
but it was a collective number dating that far back.

22

Q. Did you conclude that all the
deaths since July were being considered?

24

25



H. 4

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2 MR. PERCIVAL: Miss McIntyre falls
3 into the same thing. This is her witness and if you
4 are going to pay any attention to it, Mr. Commissioner,
5 I would rather have the witness say it.

6 THE COMMISSIONER: Well, what the
7 problem here seems to be is that - maybe I am wrong -
8 but are you trying to discredit your own client? This
is what I find very difficult to understand.

9 MS. MCINTYRE: No, Mr. Commissioner, I
10 am not trying to do that at all. I am just trying to
11 give her an opportunity to explain why she reached
12 the conclusions that she did.

13 THE COMMISSIONER: Yes. All right.
Proceed.

14 MS. MCINTYRE: Q. That is what I am
15 intending to do.

16 The question I believe I had asked is
17 whether - what deaths you assumed were the subject of
18 this investigation?

19 A. The ones I assumed were the baby
20 deaths that had happened in - since July of 1980; the
21 run of deaths as I have described them previously in
my testimony. I lumped them all together.

22 Q. Can you tell us why you would do
23 that?

24

25



H.5

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2 A. That was - that would explain
3 my concern for them happening during the night, same
4 team, watching the clock, the same ward. It just
5 seemed to make sense to me.

6 Q. Okay. I take it that based on
7 those assumptions you reached certain conclusions as
8 to who you thought might be suspects in this
investigation?

9 A. Yes, I knew them.

10 Q. And this information or your
11 assumptions were based on your presence in the ward
12 on some 20 out of the 27 deaths that have been listed
13 here by Mr. Lamek and some of the other deaths
14 presumably that aren't listed here?

15 A. That is correct.

16 Q. And these conclusions were reached
17 by you the night prior to Susan Nelles being charged?

18 A. Yes.

19 Q. And did you have the opportunity
20 to discuss your views with the police prior to the
arrest of Susan Nelles?

21 A. No.

22 Q. Were you approached by any member
23 of the Police Force to solicit your views with respect
to the matter?

24

25



H.6

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A. No.

2

Q. What about by any member of the
Hospital management?

3

A. Approaching me?

4

Q. Yes.

5

A. No.

6

Q. Were you in fact privy as to
what was going on in the Hospital with respect to the
Homicide investigation?

7

A. No.

8

Q. On the Wednesday you learned
that Susan Nelles had been arrested?

9

A. Yes.

10

Q. And did you think you had infor-
mation that might be valuable to the police?

11

A. I felt my presence at that
particular baby's death and all the others would be
something that they should know.

12

Q. And did you take any steps to
ensure that you would be interviewed by the police?

13

A. I talked to Anne Evans and asked
that my name be on a list, and I had talked to
Mrs. Johnstone and she told me that she had mentioned
my name and that one of the other nurses had mentioned
my name so they would be talking to me.

14

15



H. 7

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2 Q. Mentioned your name to who?

3 A. To the police.

4 Q. Do you recall when that would

5 have been?

6 A. Mrs. Johnstone talked to the

7 police on the Friday. I can't remember the date.
Friday after --

8

MR. PERCIVAL: 27th.

9

THE WITNESS: Thank you.

10

11

12

MS. MCINTYRE: Q. And that was the day
that Susan Nelles was charged with the murder of
Miller, Pacsai and Estrella?

13

A. I believe so.

14

15

Q. And did you in fact have an
interview with the police before Susan Nelles was
charged with those murders?

16

A. No, I didn't.

17

Q. When were you in fact interviewed?

18

A. The 3rd of April.

19

Q. At that time what were you asked
about?

20

A. The question that I was asked -
well, they asked my background and I was asked to tell
what happened the night of Justin Cook's death.

21

Q. Okay. Now, Mr. Lamek has

22

23

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H.8

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referred to the statement that was prepared with respect to that interview, and I take it you had an opportunity to review it?

A. Yes.

Q. Can you tell us how long that interview lasted?

A. It started at 8:15 and was completed at 8:55.

Q. And to the best of your recollection is this statement a verbatim recording of everything that was said by everybody at that interview?

A. Not everything that was said.

Q. Now, you have told Mr. Lamek that at that interview you had volunteered certain information with respect to your presence during the deaths of a number of children?

A. Yes.

Q. Can you tell us what reaction you got from --

MR. PERCIVAL: Well, that is not quite precisely correct. If my friend is going to quote something to the witness I would rather she quote it from the transcript.

THE COMMISSIONER: Yes.

MR. PERCIVAL: It was said in quite a



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H.9

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2 different way, with respect, at 81 --

3 THE COMMISSIONER: 41.

4 MR. LAMEK: 4180 I think.

5 MR. PERCIVAL: 4180.

6 MS. MCINTYRE: Thank you, Mr. Percival.

7

8

9

10 -

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17 -

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I/DM/ak

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2 Q. Perhaps I can ask the question
3 this way, Miss Coulson. What do you recall telling
4 the police about any deaths of the children, other
5 than Cook, in that interview?

6 A. I remember telling them that
7 I had been present, physically present during a lot
8 of the baby deaths, and that I knew that Susan Nelles
9 had not been there for some of them.

10 Q. And can I ask you what
11 reaction you got to that statement?

12 A. He told me that he was there
13 to talk about - to ask me questions, or to talk
14 about Justin Cook's death. I was left with the
15 understanding that if there were other deaths - I
16 was left with the understanding that I would be
17 interviewed at a later time about another baby.

18 Q. And which other baby was that?

19 A. Allana Miller. They were
20 doing one child at a time.

21 Q. Were you asked by the police
22 as to what the basis of your opinion with respect
23 to Miss Nelles was?

24 A. Not that I remember.

25 Q. And I take it that you had
another interview?



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I.2

THE COMMISSIONER: Sorry --

3

MS. MCINTYRE: I'm sorry?

4

THE COMMISSIONER: Oh, I see, "It is difficult to believe Susan could have done it", yes, I see. All right.

7

MS. MCINTYRE: Q. I take it you had a second interview with the police?

9

A. Yes.

10

Q. And that was on April the 29th?

11

A. Yes.

12

Q. And at that time what were you asked about?

13

A. About Allana Miller.

14

Q. Were you ever interviewed with respect to the Pacsai baby?

16

A. No.

17

Q. What about with respect to the Estrella death?

18

A. No.

19

Q. And what about with respect to - all the other deaths for which you had been present in the Hospital?

22

A. No.

23

Q. Miss Coulson, yesterday you told Mr. Lamek that some other staff in the Hospital

25



I.3

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2

had observed a pattern with respect to the deaths;
do you recall that?

3

A. Yes.

4

5

Was it your observation that
in some areas of the Hospital the same nursing teams
would be present on those units when the deaths were
occurring on 4A/B?

6

7

A. Yes.

8

9

Q. And can you explain why that
would be?

10

11

A. There is a master rotation and
most of the nursing units adhere to the master
rotation. Do you want me to go into that?

12

13

Q. Okay. This master rotation
is what governs the schedule of nurses for the
Hospital, is that right?

14

15

A. Yes, it does.

16

17

Q. Can you explain very briefly
how that works?

18

19

A. Nurses work 12-hour shifts,
12-hour days, long days or long nights, and if there
are nursing teams usually they work Monday, Tuesday,
off Wednesday, Thursday and they work Friday,
Saturday, Sunday, and then the following week they
would work Wednesday and Thursday.

20

21

22

23

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I.4

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Q. So that is a two-week cycle
that keeps repeating itself, is that right?

3

A. That's right.

4

Q. Now, the nurses on 4A/B worked
two weeks of days and two weeks of nights, is that
right?

5

A. That's right.

6

Q. And that cycle would keep
repeating itself?

7

A. Yes.

8

Q. So I take it that if there
were other areas of the Hospital where nurses also
worked two weeks days and two weeks nights the same
cycle would appear?

9

A. Yes.

10

Q. Can you tell us if there were
any units that you can think of, or that you observed,
that did have that same pattern of two weeks days
and two weeks nights?

11

A. ICU.

12

Q. And so I take it that the same
nurses would have been on in the ICU January speaking
on the nights of the deaths, because there would be
a corresponding team to the Trayner team in the ICU,
is that right?

13

14

15



I.5

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A. Yes, generally speaking.

2

3

Q. So I take it that if we did a mini-Atlanta Report like Mr. Lamek has done for you and Mrs. Johnstone and the other supervisors, we might see a high correlation between the presence of those teams in the Hospital and the deaths on 4A/B?

4

5

A. I think so, yes.

6

7

8

9

10

11

Q. I take it as the night supervisor you spent a lot of your time travelling around to various areas of the Hospital?

12

A. Yes.

13

14

Q. And you would be using the halls, the stairs and the elevators to do that?

15

A. Yes.

16

17

Q. And would you routinely run into other people on the night shift travelling around the halls, stairways and elevators of the Hospital?

18

A. Yes.

19

20

Q. I take it - well, you tell us, what categories of people would this include?

21

A. Nurses, doctors.

22

23

Q. How common was it to see doctors wandering - not wandering, but in the halls, stairways and elevators in the Hospital in that night?

24

25



I.6

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2 A. It wouldn't be very often,
3 it would depend what floor they were on and whether
4 or not there was a child admitted, or a sick child
5 on the floor.

6 Q. Would you be surprised to see
7 a doctor on the stairs, or on a unit?

8 A. No.

9 Q. Who else might you see?

10 A. The man from housekeeping.

11 Q. Yes.

12 A. There was the man who used to
go around and collect the garbage at night.

13 Q. Was that a nightly occurrence?

14 A. Yes, he had his rounds and he
would go and collect the garbage.

15 Q. Would he be around the Hospital
throughout the night shift?

16 A. I mostly remember seeing him
on the second floor.

17 THE COMMISSIONER: I'm sorry, what
18 was that?

19 THE WITNESS: The second floor.

20 THE COMMISSIONER: What about, you
say that's where you saw him?

21 THE WITNESS: That is where I would

22
23
24
25



I.7

1
2 see him.

3 THE COMMISSIONER: Did he go to
4 every floor? Presumably there is garbage on every
5 floor, or is it collected centrally, what happens?

6 THE WITNESS: I don't remember.

7 MS. MCINTYRE: Q. Who else would
8 you see around the Hospital on the night shift?

9 A. There was the switchboard
10 operator but she would be in her office. There was
11 a technician in blood bank and a technician in
12 chemistry. Paul Robitaille, he would be the
13 person who collected all the NARvel sheets, he
14 would make rounds.

15 Q. He would make rounds?

16 A. Yes.

17 Q. Would he be in the nursing
18 unit?

19 A. He would be at the nursing
20 station.

21 Q. And would that be every night?

22 A. Yes, except on weekends.

23 Q. And would there be such a
24 person doing the same task on the weekends?

25 A. Yes.

Q. Do you know what time he would



I.8

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2

be going around the Hospital?

3

A. Before 2:30.

4

Q. Anyone else you can think of,
anyone from security?

6

7

A. Security they had their rounds
to do, occasionally the person --

8

9

Q. Well, speaking about security
for a moment, did they go around the Hospital to
the various units?

10

11

A. They made their rounds, they
may have passed through the unit.

12

13

Q. Okay, was that the same
person or various people?

14

A. Usually it was the same person.

15

Q. Anyone else you can think of?

16

A. There was always someone on
from plant and engineering.

17

18

Q. And would you see this person
around the Hospital at night?

19

20

21

22

23

A. If he was called. There would
be the occasional visitor if a child had been
admitted, you might see them on the elevator. There
were parents staying, usually they were sleeping but
sometimes they would be up.

24

25

Q. So I take it that it was not



1

2

unusual for you to see people around the Hospital?

3

A. That's right.

4

5

Q. Would you feel that it was
necessary for you to stop them and question them as
to who they were and where they were going?

6

7

A. If I was concerned, yes, or
suspicious.

8

9

Q. Do you ever recall doing that?

10

A. Not that I remember.

11

12

13

14

Q. You told Mr. Lamek that you
recalled an incident, and you think that it either
involved the Lombardo child or the Gionas child,
where a doctor took the IV bag and put it in his
pocket, is that correct?

15

A. That's correct.

16

Q. Can you describe the manner in
which this was done?

17

18

19

A. I would describe it as
surreptitiously reaching up, taking the bag and putting
it into his pocket.

20

21

Q. Can you tell us why you
remember that incident?

22

23

24

A. Because the child had had a
high potassium and it was strange that he would put
it in his pocket rather than saying send the bag down

25



1

2 to the lab.

3

Q. Did you report it to anyone?

4

A. I asked him what he was doing.

5

6

Q. Did you report it to anyone

else?

7

A. No.

8

9

10

MS. MCINTYRE: Thank you. Those are all my questions subject to any questions that I might have after reviewing the tour end reports which I have not had the opportunity to look at yet.

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THE COMMISSIONER: All right. The trouble now, mind you, as you know, if you bring out something new we have to go back all over the thing. So if you find something please interrupt the proceedings and ask the questions. I want you and Mr. Lamek's re-examination to be true re-examination based upon the cross-examination.

MS. MCINTYRE: It may well be that I have no questions at all.

THE COMMISSIONER: Yes.

MS. MCINTYRE: Just have not had the opportunity to review it yet.

THE COMMISSIONER: All right. Thank you. Mr. Brown?

MR. TOBIAS: Mr. Commissioner, just



1

2

3 to clear up something that was raised earlier this
4 morning. I have reviewed the Hines chart quite
5 carefully. The only reference at all that I can
6 see to time of death was in the preliminary and the
7 final autopsy report and I am not sure that that
helps us at all.

8

9

THE COMMISSIONER: Was there not
a reporting of when the resuscitation was abandoned?

10

11

12

13

14

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MR. TOBIAS: No, there isn't, I have
checked Dr. Costigan's note. The only notation as
to time is that he arrested at 4:25 and therefore
the statement contained in the final autopsy report
that the child was pronounced dead at 4:45 seems
unlikely given the evidence we have heard about the
length of the resuscitation efforts.

THE COMMISSIONER: I will certainly
ask Miss Cronk to find out where she got her timing.
Yes, Mr. Brown.

CROSS-EXAMINATION BY MR. BROWN:

Q. My name is Brown, Miss Coulson,
and I act for Miss Nelles. Your counsel reviewed
with you a number of the events after the weekend of
March 21st. I recall that you said that you first
learned the police were in the Hospital on the Monday
or Tuesday morning?



1

2

A. That's correct.

3

4

Q. Of that week. You first learned about Miss Nelles' arrest the Wednesday afternoon after she had been arrested and that made public?

5

6

A. Yes.

7

8

Q. And prior to her arrest on Wednesday, had you ever heard in the Hospital, or outside, that the police were intending to arrest

9 Miss Nelles?

10

A. No.

11

12

13

14

Q. That had never been a topic of discussion between you and any other person in the Hospital?

15

16

A. The night before Lynn Johnstone and I had a discussion.

17

18

19

Q. Quite apart from that discussion, did you ever have a discussion with someone in the Hospital that the police were going to arrest Susan Nelles?

20

21

22

23

24

A. Oh, no.

25

Q. Am I correct Miss Coulson in saying that that week you worked the long nights from March 23 until March 26th, the Monday night and the Tuesday night, the Wednesday and the Thursday



1

2

night?

3

A. The short nights I worked.

4

Q. You worked the short nights?

5

A. Yes.

6

Q. Again as night supervisor?

7

A. Yes.

8

Q. And the first contact you had
with the police was not at that time but was on
April the 3rd, 1981?

10

A. That's right.

11

Q. Could you tell me how that
interview was arranged?

13

A. I had a message that I was to -
a message was left for me in the nursing office that
I had an appointment when I came off duty that morning.

15

Q. So the message was brought to
your attention the morning shortly before you were
to have the interview?

18

A. Yes. I don't remember exactly
when I knew but it had been arranged.

20

Q. And before you went with the
police were you advised as to the purpose of the
interview?

22

A. No.

24

25

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Q. Were you asked to bring along
any documentation to the interview?

4

A. No.

5

Q. And when you got to the room -
I take it it was in the Hospital?

6

A. Yes.

7

Q. And were you introduced to
Sergeant Warr?

9

A. Yes.

10

Q. Was there anyone else present
in the room?

12

A. Not that I remember.

13

Q. And what did Sergeant Warr advise
you as to the purpose of the meeting?

14

A. That he was there to talk about
Justin Cook.

16

Q. And he then I take it asked you
about your background?

18

A. Yes.

19

Q. And your duties as a night
supervisor?

21

A. I would have to look back on
the statement as to whether he asked me that.

22

Q. Okay, I take it that if he did
ask you that it would be in your statement?

24

25



H.2

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2 A. I would imagine so.

3

Q. But he also asked you about your
4 recollection of the events on the Saturday evening,
5 March 21?

6

A. Yes.

7

Q. And he asked you to narrate your
recollection of those events?

8

A. Yes.

9

Q. And during the course of that
narration, did he ask you to refer to any documentation?

10

A. No.

11

Q. Were there any documents in the
room?

12

A. I don't remember seeing any.

13

Q. Did you ask for any?

14

A. No.

15

Q. The format of the interview, did
Sergeant Warr ask you specific questions or did you
proceed with the general narration?

16

A. General narration.

17

Q. Did he interrupt you at any time
to ask you specific questions about a particular issue?

18

A. Not that I remember.

19

Q. Did he ask you any specific
questions as to the administration of drugs at that
interview?

20



H.3

1

A. No.

2

Q. During the course of the interview,
did he ask you about Miss Nelles' competence or of
her abilities as a nurse?

3

4

A. Again, I would have to look at
the statement.

5

6

Q. Okay. Well, perhaps you could
take a look at the statement?

7

A. Yes.

8

9

THE COMMISSIONER: Well, if there is
nothing there I think we can save her reading all the
way through it.

10

11

MR. BROWN: Well, there doesn't appear
to be anything there, what I would take to be an
indication that that question was asked.

12

13

THE WITNESS: It may have been asked,
I don't remember.

14

15

MR. BROWN: Q. And at that time what
was your opinion of Miss Nelles' ability as a nurse?

16

17

A. She was an excellent nurse.

18

19

Q. And I take it that if the police
had asked you that question that would have been the
answer you would have given on April 3rd?

20

21

A. Yes.

22

23

Q. Do you recall them asking you

24

25



H.4

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2 any questions about how Miss Nelles got along with
3 other team members or other nurses on the ward?

4 A. I don't remember that.

5 Q. Okay. And you had a chance to
6 observe Miss Nelles administer nursing care and get
7 along with other nurses on the ward?

8 A. Yes.

9 Q. And in your opinion how did she
10 get along with other nurses on the ward?

11 A. Very well.

12 Q. Was she an introvert or remorseful
13 type of person?

14 A. No, she was warm and friendly.

15 Q. Outgoing?

16 A. Yes.

17 Q. Seemed to get along pretty well
18 with most people?

19 A. Yes.

20 Q. And I take it if you had been
21 asked that question on April 3rd that would have been
22 the answer you would have given?

23 A. Yes.

24 Q. During the course of the interview
25 did Sergeant Warr indicate to you that he was
interested in talking about any child other than Cook?



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H.5

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A. No, because I tried to tell him that I had been there for - I brought up the subject of the other baby deaths and that I was physically present for a great number and he told me that he was there only to talk about Cook, that they were doing one at a time.

Q. Do you recall when during the interview you brought that up?

A. Before it started.

Q. Before it started?

A. Before he started writing.

Q. And he advised you that he simply wanted to ask you questions about Cook?

A. Yes.

Q. So, I take it then that during that interview he didn't express to you any interest in the high number of deaths which may have occurred since July, 1980?

A. No, he didn't.

Q. Nor express any interest about the conflict which you may have observed on the Phyllis Trayner nursing team?

A. No.

Q. Nor any interest in the coincidence between the deaths and the presence of one nursing team?



H.6

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A. No.

2

Q. The interview was to deal
solely with Cook?

3

A. Yes.

4

Q. And I take it had he asked you
or expressed an interest about these other matters
you would have told him what you told us, would you
not?

5

A. Oh, yes.

6

Q. During the course of the interview
did Sergeant Warr indicate to you that he was
interested in your opinion on the conduct or behaviour
of anyone other than Susan Nelles?

7

A. No.

8

Q. No nurse?

9

A. I was to recount what had
happened that night, the night of Justin Cook's death
from my point of view.

10

Q. So, you were not asked any
questions about the conduct of anyone?

11

A. No.

12

Q. And that interest was not
expressed to you?

13

A. No.

14

Q. And you gave a second statement

15



H. 7

1

2 I believe to the police on April 29, 1981?

3 A. Yes.

4 Q. And how was that meeting arranged?

5 A. The appointment had been made;

6 I don't remember the specifics. A message was left
for me in the Nursing Office.

7 Q. I see. And prior to the interview
8 were you aware of what was going to be discussed
9 at the interview?

10 A. Not precisely.

11 Q. Well, were you left with the
12 impression after the first interview they were going
13 to come back and ask you some more questions at a
14 later time?

15 A. Yes.

16 Q. And it would be about another
17 baby?

18 A. Yes.

19 Q. And did you know which baby?

20 A. I believed that it would be
21 Allana Miller.

22 Q. And prior to the meeting were
23 you asked to bring anything with you to the meeting?

24 A. No, I wasn't.

25 Q. And when you got to the meeting



H.8

1

2 the police officer advised you the purpose of the
3 meeting?

4 A. Yes.

5 Q. And indeed it was to give your
6 recollection of the events surrounding the death of
7 Allana Miller?

8 A. Yes.

9 Q. And did the interview proceed
10 in the same fashion, that is, you were asked to give
11 a narration of your recollection of the events?

12 A. Yes.

13 Q. And were you referred to any
14 documentation during the interview?

15 A. I don't remember.

16 Q. Do you recall whether any
17 documentation was present in the room?

18 A. I don't remember.

19 Q. Did you ask for any documentation?

20 A. I don't remember.

21 Q. Your recollection of what
22 transpired there is not crystal clear?

23 A. I had forgotten about that inter-
view until I saw the statement.

24 Q. I see. After that interview and
25 prior to the discharge of Miss Nelles in May of 1982,



H.9

1

2 did you have any other interviews or meetings with
3 representatives of the Metropolitan Toronto Police?

4 A. Would you repeat that, please?

5 Q. Prior to Miss Nelles' discharge
6 in 1982 and after your second meeting with the police
7 on April 29, 1981, did you have any further meetings
with the police?

8 (2) A. Just at the preliminary hearing.

9 Q. Okay, but prior to your testimony
10 at the preliminary hearing did you meet again with
11 the police?

12 A. No.

13 Q. Prior to the preliminary hearing
14 did you meet with any of the Crown Attorneys involved
in the case?

15 A. Yes, I did.

16 Q. This is prior to your testimony
17 at the preliminary?

18 A. Yes.

19 Q. Okay, can you tell me when that
20 took place?

21 A. Before I testified I was taken
downstairs to the Crown Attorneys' office.

22 Q. Now, this is the day that you
23 were expected to testify?

24

25



H.10

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A. The day that I was to testify.

2

Q. Which I believe was Monday,

3

February 1st, 1982?

4

A. Yes.

5

Q. Okay. So, you were taken down-stairs; who took you downstairs?

6

A. John Murray.

7

Q. And he is one of the constables?

8

A. Constable Murray, yes.

9

Q. Okay.

10

A. He took me downstairs to the, I believe it is the Crown Attorneys' office.

11

Q. Yes.

12

A. And I was taken into a room with a long table and I met Mr. Wiley and I sat down and read over my statement.

13

Q. They asked you to review your statements?

14

A. Yes.

15

Q. So, did you review the two statements that you gave to the police?

16

A. Yes.

17

Q. Okay.

18

MR. HUNT: I'm sorry, I missed an answer when somebody coughed. Who was present at this meeting?

19



H.11

1

2 THE WITNESS: John Murray was there,
3 somebody else I think was at the other end of the
4 table but I don't remember who it was.

5 MR. HUNT: Okay.

6 MR. BROWN: Q. Do you recall whether
7 Mr. McGee was there?

8 A. He briefly came in.

9 THE COMMISSIONER: I am sorry, Mr. Who?

10 MR. BROWN: Mr. McGee, the senior
11 Crown Attorney on the case.

12 THE COMMISSIONER: Oh, Mr. McGee, yes.
13 He came in you said?

14 THE WITNESS: He came into the room, yes.

15 MR. BROWN: Q. He was not there when
16 you first went into the room?

17 A. No.

18 Q. So, you recall seeing two or
19 three people in the room when you first went in?

20 A. Yes.

21 Q. Mr. Murray, Mr. Wiley and
22 perhaps someone else?

23 A. Yes.

24 Q. Okay. You were asked to review
25 your statements?

A. Yes.



H.12

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2

Q. What else transpired at that
meeting?

3

A. Somebody gave me a copy,

4

Mr. McGee came in, I was introduced to him, he left,
and then I was taken back upstairs and Constable Murray
then explained to me what the hearing room looked like,
where everybody was sitting, who was who, where the
press was.

5

Q. During that meeting with the
Crown Attorney and the Police, did they ask you any
questions about the evidence you were about to give?

6

A. Not that I remember.

7

Q. Did they review your statement
with you?

8

A. There was some discussion.

9

Q. And do you recall what the
discussion was?

10

A. It pertained to whatever was on
my statement.

11

Q. So, did they ask you any
questions about matters that were not contained in
your statement?

12

A. Not that I remember.

13

Q. Did they make any comments to you
about the evidence that they anticipated you would
give in court?

14



H.13

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2 A. I don't remember.

3

A. After your testimony on

4

February 1st, 1982 and prior to the discharge on
May 21st, did you have any subsequent meeting with
the Police or the Crown Attorneys?

5

A. Yes, I did.

6

Q. When was that?

7

A. I was called back to the stand.

8

Q. Yes.

9

THE COMMISSIONER: I'm sorry, you were
called back?

10

THE WITNESS: Yes.

11

THE COMMISSIONER: You had given
evidence once?

12

THE WITNESS: Once and then I was
called a second time.

13

THE COMMISSIONER: Is that the same day?

14

THE WITNESS: No, it was quite a bit
later.

15

MR. BROWN: Q. How was it arranged that
you would re-attend to give further testimony?

16

A. Ann Evans came up to me and
asked me if I would meet with Constable Murray, they
needed to have one of the supervisors to go and
testify about the death reports and would I go. So

17

18

19

20

21

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23

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H.14

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2 then Constable Murray got in touch with me, he phoned
3 me and asked me if I would answer some questions, they
4 needed someone that knew about the reports and I said
5 I would go and I went. I was only on for two or
6 three minutes.

7

Q. And prior to your testifying,
8 aside from your telephone call that you had with
9 Constable Murray, did you have any meetings with the
Police or the Crown Attorneys?

10

A. No.

11

Q. And the only discussion you had
12 with Constable Murray was concerning these death
13 reports?

14

A. Yes.

15

Q. Was there any other discussion
16 with Constable Murray about the evidence which had
17 been given or which would be given?

18

A. Not that I remember.

19

Q. I don't know the date of your
testimony but I believe that testimony is found at
Volume 30.

20

THE COMMISSIONER: Yes, one will be
found there and one will be found some place else.

21

MR. TOBIAS: Volume 7.

22

MR. BROWN: That was the initial one

23

24

25



H.15

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2 but the subsequent one was in Volume 30 and I don't
3 know the date of that, sir.

4 MR. ROLAND: The date is April 19th,
5 1982.

6 MR. BROWN: Q. Now, in response to a
7 question that Mr. Lamek put to you this morning --

8 THE COMMISSIONER: That's funny.
9 Volume 7, that's the first I take it?

10 MR. PERCIVAL: February 1st and 2nd,
11 Mr. Commissioner, that's the first time.

12 THE COMMISSIONER: Yes, and the second
13 one is what date?

14 MR. PERCIVAL: I understand it's
15 April 19th.

16 MR. ROLAND: April 19th, sir.

17 MR. BROWN: Q. But during the course
18 of your examination this morning, Mr. Lamek asked you
19 whether you had ever observed any differences of
opinions or disputes between Susan Nelles and Phyllis
Trayner and you indicated you recalled one such
incident?

20 A. Yes.

21 Q. And that was regarding the child
22 Hines?

23 A. Yes.

24

25



H.16

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2 Q. Now, were you present for the
3 entirety of the Hines' arrest?

4 A. I answered the Code and once the
5 Code came, yes, I was there until after he died.

6 Q. So, you would have arrived in
7 the room after the Code 25 had been called?

8 A. Yes.

9 Q. Shortly after?

10 A. Yes.

11 Q. You went immediately to that room?

12 A. Yes.

13 Q. Do you recall it as being a
14 prolonged resuscitation effort?

15 A. Yes, it was very long.

16 Q. Longer than the normal
17 resuscitation effort?

18 A. Yes.

19 Q. During the course of the
20 resuscitation can you recall when a request was made
21 for a pacemaker?

22 A. I can't give you an exact time..

23 Q. Are pacemakers normally used
24 during a resuscitation effort?

25 A. No.

Q. It is unusual to use them?



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(Brown)

4301

H.17

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A. Yes.

2

3

4

Q. And during the course of your resuscitation effort how would you use a pacemaker?

5

6

A. The doctor would insert the pacemaker to stimulate the heartbeat.

7

8

Q. Would there be a surgeon who would actually open the child?

9

10

11

12

13

14

-

15

16

17

18

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20

-

21

22

23

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EM/PS

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Q. How many arrests have you been involved in where a pacemaker was used during the course of resuscitation?

A. Two. Maybe three.

Q. That is during the entirety of your career at the Hospital for Sick Children?

A. That is -- yes.

MR. TOBIAS: I'm sorry, Mr. Brown, I missed the answer.

MR. BROWN: Q. I believe you said two or three.

MR. TOBIAS: All right. Thank you.

Q. And Hines is one of them?

A. Yes.

Q. Do you know where the pacemakers are stored on Ward 4A or 4B?

A. No.

Q. Do you know where they are on the crash cart?

A. I don't know where they are stored.

Q. You don't? Now, you recall that there was discussion going on between Phyllis Trayner and Susan Nelles and it concerned a pacemaker?

A. Yes.

24

25



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4303

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2 Q. Do you recall them being asked
3 by one of the doctors to retrieve a pacemaker
4 for the resuscitation?

5 A. I don't remember what actually
6 took place. The actual words I don't remember.

7 Q. You don't recall what was -- the
8 exchange between the two nurses?

9 A. I know it was about a pacemaker
10 but actually anything else I don't remember.

11 Q. So you don't know whether it was
12 a discussion over the type of pacemaker that should
13 be brought?

14 A. That is right. I don't remember.

15 Q. Given that it is an unusual event
16 to have a pacemaker during a resuscitation effort, is
17 it surprising to you that there would be a discussion
18 about a pacemaker?

19 A. Would you repeat that, please?

20 Q. I said that given that from your
21 point of view it is not an ordinary event that a
22 pacemaker is used during the course of a resuscita-
23 tion, would it surprise you that two nurses would have
24 a discussion about a pacemaker?

25 A. I can't say as I was surprised,
no.



1

3

2

Q. How long was this discussion
between Miss Nelles and Mrs. Trayner?

4

A. Not long.

5

Q. Just a few minutes?

6

A. Yes.

7

Q. And you said at one point that
the discussion became a bit loud and at that time
Dr. Costigan said, "Ladies, would you please quiet
down"?

10

A. Yes.

11

Q. Did Dr. Costigan make any other
remark to Mrs. Trayner or Miss Nelles?

13

A. Not that I remember.

14

Q. And I believe you said to Mr.
Lamek that in your opinion the discussion they had
certainly did not interfere with the quality of care
given to the Hines child during his arrest?

17

A. That is right.

18

Q. After the arrest did Dr. Costigan
or any other doctor come up to you and say, "Miss
Coulson, your nurses should not have done that"?

21

A. No, I don't remember that.

22

Q. Did they come up to you and say
anything about the length of time it took to get a
pacemaker for the arrest?

24

25



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4

2

A. No.

3

Q. After the arrest did you talk to
Susan Nelles and Phyllis Trayner about the matter?

5

A. Yes, I did.

6

Q. What did you tell them?

7

A. I told them that there was a time
and place for that kind of discussion and we all
laughed about it later. And they said that they agreed
they had got a bit antsy and that they wouldn't let
it happen again.

11

Q. Was the matter left at that?

12

A. Yes.

13

Q. I believe when you were asked
questions yesterday about Justin Cook and the arrest
of the Cook child you recalled that Miss Nelles
performed the cardiopulmonary resuscitation
during the arrest?

17

A. Yes.

18

Q. And when a young child arrests
and resuscitation efforts are attempted, how is CPR
performed on the child?

21

A. Usually with the fingers.

22

Q. I see. Why are the fingers
used?

23

A. Because of the size of the baby.

24

25



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4306

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5 2 Q. Are the fingers used because there
6 3 is a fear if you use some other part of your hand
7 4 you might exert too much pressure?

A. Yes.

6 Q. So as a precautionary measure with a younger child you tend to use the fingers?

A. Yes. There is enough strength
in the fingers to obtain a heart beat.

9 Q. I see. And I also recall
10 yesterday when you were asked on another matter about
11 how you recalled the Lombardo child --

A. Yes.

Q. -- you said you had been going
down the stairs and you bumped into Dr. David
Nelles?

15 A. Yes.

Q. And said something to the effect, "We had another arrest last night and we missed Susan Nelles."

A. Yes.

Q. And you said that Susan Nelles
20 does the CPR very well and we missed her. Is that
21 what you said to Dr. Nelles?

A. Something to that effect.

Q. I see. So in your opinion then



Coulson
cr. ex. (Brown)

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6 2 from what you could see of Susan Nelles she performed
3 the CPR very well during the course of resuscitation
4 efforts?

5 A. She was very good at it. She
6 was efficient.

7 Q. I believe that you said you were
8 present when the Cook child died?

9 A. Yes.

10 Q. And then after the death you left
11 for a couple of minutes and went somewhere else in
12 the hospital to get something?

13 A. I was gone maybe 10 or 15 minutes.

14 Q. I see. You went down to a
15 supply room?

16 A. I went down to the central
17 supply department to pick up a new tray for the crash
18 cart.

19 Q. And when you came back with the
20 tray I take it you put it on the crash cart?

21 A. I left it out at the desk because
22 the crash cart hadn't been totally cleaned up and
23 resupplied.

24 Q. And you then went back to Room
25 418?

26 A. Yes.



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4308

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7 2 Q. Why did you go back there?

3 A. I went in to see Susan and see
4 what was happening with the baby.

5 Q. And you observed Susan bathing
a child?

A. She was bathing the baby, yes.

Q. I take it that that is something
8 that is done after the death of any child?

9 A. Yes.

10 Q. The baby has to be bathed and
11 then clothed?

A. Usually.

13 Q. And then is shown to the
parents?

A. If the parents are coming in.
Otherwise the baby is gotten ready to go to the
morgue.

Q. And does the nurse in charge or
the nurse assigned to the care of the child usually
take the child down to the morgue after death?

20 A. It is usually the nurses assigned.

Q. So in this case it would be
Miss Nelles' responsibility to prepare the child
and take it down to the morgue?



Gulson
cr. es. (Brown)

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8 2

A. That is correct.

3

4

Q. And I believe you said that when you went in you talked to Miss Nelles and she was concerned about the death of the child?

5

6

A. Yes.

7

8

Q. And she also mentioned something to the effect that if the child had been brought in sooner perhaps he could have been better care and this might have been avoided.

9

10

11

A. She did voice something to that effect, yes.

12

13

Q. The child came from Owen Sound, did he not?

14

15

A. A small town near Owen Sound.

Q. And the child was about 3 months old?

16

A. Yes.

17

18

19

Q. And was Miss Nelles vocal in the sense that she said had he been diagnosed earlier and brought in we perhaps could have done something else?

20

A. Yes.

21

22

Q. That was the nature of the concern that she showed?

23

A. Yes.

24

25



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9 2

Q. And that was what she was vocal
about?

4

A. Yes.

5

6

Q. Now at that time you said that
Miss Nelles was concerned about the child's death
but at that point you did not observe her crying?

7

A. That is right.

8

Q. And when you were present at the
time that the child was pronounced dead did you see
whether or not Miss Nelles cried?

11

A. I don't remember.

12

Q. You don't remember? And was

13

Dr. Jedeikin there?

A. Yes.

14

Q. Was he crying?

15

A. I don't remember.

16

Q. What about Dr. Schaffer?

17

Was he crying?

A. I don't think he was there.

19

Q. At the time of the death?

20

A. He had been there for Allana
Miller but I don't remember seeing him for Justin
Cook.

22

Q. What about Dr. Kantak?

23

A. I can't even remember what he

24

25



1

10 2 looks like.

3 Q. I take it that if Dr.

4 Jedeikin didn't cry after the death of Baby Cook
5 you wouldn't say that he wasn't concerned about the
6 death?

7 A. That is right.

8 Q. Okay. And did you cry after
9 Cook's death?

10 A. No, I didn't.

11 Q. Why didn't you cry?

12 THE COMMISSIONER: I don't know
13 that you have to answer that.

14 MR. BROWN: Q. When a child dies do
15 you normally cry after the child's death?

16 A. No.

17 Q. Do you sometimes have the urge or
18 the inclination to cry?

19 A. Sometimes.

20 Q. Do you try to keep the tears back?

21 A. If I feel like crying I cry and
22 if I don't I don't.

23 Q. Well, I take it you would agree
24 with me then as you demonstrated people do react
25 differently to the death of children?

A. That is right.



1

11 2 Q. And they would certainly express
 their grief in different ways?

4 A. Yes.

5 Q. In your profession, in nursing,
 you would certainly encounter deaths much more
 frequently than the average layman would, would you
 not?

8 A. Yes.

9 Q. And as a result of that you have
 to learn how to deal with death, don't you?

11 A. Yes.

12 Q. It is part of your job and
 you have to develop some sort of a reaction or defense
 mechanism to death?

14 A. Yes.

15 Q. And the reaction that nurses
 show to death, is that something that you spoke to
 Susan Nelles about, how you express your grief?

18 A. We had discussed that at one
 point, yes.

20 Q. Do you recall having a discussion
 with her perhaps in the early part of March, 1981
 about that?

22 A. Yes.

23 Q. Do you recall whether that

24

25



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cr. ex. (Brown)

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12 2 discussion occurred after the arrest of a child?

3 A. Yes, it did.

4 Q. And you saw her at the nursing
5 station?

6 A. Yes.

7 Q. Am I right in saying that you went
8 up to her and said something to the effect, "Susan,
9 how are you dealing with all these recent deaths?"

10 A. Yes.

11 Q. And there had been a series of
12 deaths at that time?

13 A. That is correct.

14 Q. And at that time she replied to
15 you something to the effect, "Well, sometimes I
16 feel guilty that I don't feel bad."

17 A. That is right.

18 Q. And you then asked her, "Well,
19 what do you mean by that?"

20 A. Yes.

21 Q. And did she say something to the
22 effect, "Well, I talked to Liz Radojewski
23 about it"?

24 A. Yes.

25 Q. And did you have a further
26 discussion about how nurses tend to express themselves



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13 2 after the death of children?

3 A. Yes, we did. We talked about
4 how each one of us deals with it individually, and
5 whether you cry or not, or whether you are angry or
6 whatever, it is purely individual.

7 Q. We certainly heard that the
8 members of the Trayner team seemed to deal with it
9 differently. Mrs. Trayner tended to cry after
10 a number of the deaths.

11 A. Yes.

12 Q. You said that you didn't recall
13 Susan Nelles crying that much?

14 A. That is right.

15 Q. Nor did you recall Miss Scott
16 crying very much.

17 A. Sui?

18 Q. Yes, Sui Scott. So I take it then
19 that --

20 THE COMMISSIONER: Sorry, I just
21 want to make sure. She did or she didn't cry?

22 THE WITNESS: I don't remember.

23 MR. BROWN: So I take it then you
24 discussed -- did you discuss how different nurses on
25 that team reacted to death?

26 A. Perhaps.



14

1

2 Q. But you certainly discussed with
3 Miss Nelles at that time that people expressed them-
4 selves in different ways?

5

A. Yes.

6

7 Q. And that is certainly a function
of the person's individual personality?

8

A. Yes.

9

10 Q. And the fact that one tends to
express one's self differently doesn't mean that one
isn't concerned about the death of the child, does it?

11

A. That is right.

12

13 Q. I would take it from the years
14 of experience that you have had as a nurse it is not
unusual to see different nurses reacting differently
to deaths?

15

A. That is very true.

16

17 Q. Nor is it unusual that nurses
18 will talk to other nurses about how they react to
the death of a child?

19

A. It would depend on the nurse.

20

Q. The reaction would depend on the
nurse?

21

A. Yes.

22

Q. The fact that you had a conversa-

23 tion with another nurse about the matter would be

24

25



15

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something that would happen in the normal course?

3 A. Yes.

4 Q. And it is --

5 A. For me, you mean?

6 Q. Yes, for you.

7 A.. Yes.

8 Q. And it is discussion you have had
with nurses other than Miss Nelles?

9 A. Yes.

10 Q. So that conversation that you had
11 with her am I fair to say it was simply one of many
12 conversations you had with nurses about how a person
13 reacts to the death of a child?

14 A. Yes.

15 MR. BROWN: Thank you. I have no more
questions.

16 THE COMMISSIONER: Yes. All right, thank
17 you. Yes, Mr. Tobias.

18 MR. TOBIAS: Mr. Commissioner, I
19 may be able to clear up -- this is my third effort
20 ad nauseum. I persevered, though.

21 Where Ms.Cronk got her information I
22 believe it's from Exhibit 102-B which was the Zebra
23 pack and that indicates -- there is a nurse's note
24 that the arrest started at 4:22 a.m. and then there

25



1

16 2 is a list of the times that various medications
3 were administered. The last medication was given at
4 6:42 and cardiac massage stopped at 6:43 and the
5 note indicates --

6

THE COMMISSIONER: That is not Ms.
Cronk's --

7

MR. TOBIAS: -- and the baby was
8 pronounced dead at 6:40.

9

THE COMMISSIONER: Well, that certainly

10 would seem to support Mr. Lamek.

11

THE WITNESS: What date was that?

12

MR. LAMEK: I think Miss Coulson was
13 the closest.

14

THE WITNESS: What date was that?

15

THE COMMISSIONER: When did you say
16 it stopped? Yes, I think you are right, it does
17 support Miss Coulson.

18

MR. TOBIAS: Cardiac massage was
19 stopped at 6:43 a.m. and the baby was pronounced
dead at 6:40.

20

THE COMMISSIONER: Well, I don't
21 want to go on too much farther, but I think Ms. Cronk
22 in her Exhibit 3 has come up with 5:30, hasn't she?
23 5:25, so she has got some other thing. Well, that
is fine.

24

25



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17 2 MR. TOBIAS: All right, thank you,
 sir.

4

 THE COMMISSIONER: All right, Miss
Foster, I think we will wait until after lunch.
5
Is that all right with you?

6

 MS. FOSTER: That is fine.

7

 THE COMMISSIONER: All right, then.

8

2:15.

9

10 ---Luncheon recess.

11

12

13

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AA
DM/PS

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2 ---Upon resuming at 2:20 p.m.

3 THE COMMISSIONER: Yes, Ms. Foster?

4

CROSS-EXAMINATION BY MS. FOSTER:

5

Q. Miss Coulson, My name is
6 Elizabeth Foster and I act on behalf of Phyllis
7 Trayner. I understand from your evidence that you
8 are normally responsible for supervising Wards
9 4C and 4D?

10

A. Those were in my area, yes.

11

Q. And when did you normally start
12 the rounds of those wards?

13

A. On 4C/D?

14

Q. Yes.

15

A. Usually once I left the nursing
16 office.

17

Q. And approximately what time would
18 that be?

19

A. That would be 12:30 - quarter to
20 1.

21

Q. And how long did you spend on your
22 rounds on 4C and D as a rule?

23

A. Maybe half an hour, maybe longer.

24

Q. Half an hour or maybe what?

25

A. Or maybe longer.

Q. And after you completed your



1

2 rounds on 4C and D where would you go next?

3 A. Are we talking about a regular
4 night?

5 Q. A regular night, yes.

6 A. I didn't have a set pattern as
7 to which floor usually other than I would go to
8 4C/D first unless there was a concern that I had
9 elsewhere. I could have gone anywhere, I didn't have
a set practice.

10 Q. And I take it that if you were
11 also supervising Wards 4A and 4B you might make your
12 rounds on 4A/4B first, or you might go to 4C/4D
13 first, is that correct?

14 A. That's right.

15 Q. And as between Wards 4A and 4B,
16 did you do one round -- did you do your rounds on
17 one of those wards first?

18 A. Not as a rule.

19 Q. When you did your rounds on
20 4A and 4B how long did you usually spend?

21 A. It depended on the night, it
22 depended on the children that I would have to see.
23 I had 18 wards and I couldn't spend very much time,
24 it would just depend.

25 Q. Are we talking roughly half an



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4321

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2 hour again?

3 A. It might have been that length
4 of time.

5 Q. Might it have been shorter?

6 A. Not much shorter, maybe 20 minutes
7 or so.

8 Q. Could it have been longer?

9 A. I wouldn't think I could have
that much time -- that much more time to spend.

10 Q. So as a rule it would be 20 minutes
11 to half an hour that you would spend on 4A and 4B?

12 A. To the best of my recollection,
13 yes.

14 Q. And that is for the two wards?

15 A. That sounds about it.

16 Q. And did you do the rounds with the
team leaders for each ward?

17 A. Yes.

18 Q. And when you were responsible
19 for supervising Wards 4A and 4B, did you return
periodically throughout the evening?

20 A. If I had concerns, or if I was
21 on my way back to the office, it depended where I
22 was in the hospital as to whether or not I came
23 through 4A/B, sometimes I would just go back.

24

25



1

2 Q. So some evenings when you were
3 supervising those wards you would only go through
4 your rounds and you would not return, and other
5 nights if you had concerns you would go back to the
6 ward, is that correct?

7 A. I may have returned later on in
8 the morning closer to 6:00, 6:30.

9 Q. But there would be some -- am
10 I correct in saying there would be some evenings
11 when the only time you would go on that ward would
be during your initial rounds?

12 A. There would be an occasional
13 night, yes.

14 Q. Now, Mrs. Johnstone said that
15 during her shift she would often stop -- not often,
but occasionally stop at Wards 4A/4B to have coffee
16 with the nurses, is that something you also did?

17 A. Sometimes I was invited to come
18 for coffee. There were two or three times when after
19 an arrest somebody would put coffee on and we would
20 sit and talk over the events of the arrest.

21 Q. And on those occasions you were
already on the floor?

22 A. Yes.

23 Q. But other than that would there

24

25



1

2 be occasions when you would go back to 4A and 4B
3 for coffee?

4 A. Not unless I was invited.

5 Q. But you were invited on occasion?

6 A. On occasion.

7 Q. And would these be evenings only
8 when you were responsible for 4A/4B, or could it
9 happen on evenings when you were not in charge of
those wards?

10 A. Sometimes on nights, if it was
11 a quiet night, they would say to both Lynn and I to
12 come for coffee and we would.

13 Q. Did you also stop sometimes at
Wards 4C and 4D for coffee during the evening?

14 A. Not usually 4C/D.

15 Q. And I take it that you used the
16 nursing office on the 4th floor as your home base?

17 A. Yes.

18 Q. And is it fair to say you would
19 return to that office periodically throughout your
shift?

20 A. About 4:00 in the morning.

21 Q. Between the time you started your
22 rounds at roughly 12:30 you would not return back
23 to the 4th floor nursing office until 4:00 in the

24

25



1

2 morning?

3 A. Not as a rule.

4 Q. Now, dealing with Baby Allana
5 Miller, you indicated that you were present for the
6 arrest of that child?

7 A. Yes, I answered the Code 25.

8 Q. And do you know how soon after
9 the Code 25 was called that you arrived in the child's
room?

10 A. I ran down the stairs from the
11 9th floor, so I don't know how long it took me to
12 get down.

13 Q. You came as soon as you heard the
14 Code 25 called?

15 A. Yes.

16 Q. Was that the first time you
17 were on Wards 4A/4B that evening?

18 A. Yes.

19 Q. I take it you proceeded
20 directly to the child's room?

21 A. Someone directed me to the room.

22 Q. Do you recall who was present in
23 the baby's room when you arrived?

24 A. The cardiac arrest team was
25 there; this is Allana Miller?



1

2 Q. Yes.

3

A. Phyllis Trayner, Susan Nelles,

4

I think Bertha Bell was there and somebody was
writing and I don't remember her name.

5

6

Q. Do you recall seeing Mrs.

Richardson there?

7

8

9

A. She came and answered the code,
whether she came the exact time that I did I don't
recall.

10

11

Q. Do you recall any doctors being
there?

12

13

A. Dr. Shaffer was there. I don't
remember the other one.

14

15

Q. Was there anyone else that you can
recall being in the room?

16

17

A. Mrs. Johnstone was there, there
was a surgeon and the anesthetist but I don't
remember their names.

18

19

Q. Do you recall what Mrs. Trayner
was doing during the arrest and resuscitation?

20

21

A. She was at the arrest cart.

22

23

Q. What was she doing at the arrest
cart?

24

25

A. Drawing up the medications.

Q. And you indicated that during the



1

2 course of the resuscitation you filled the buretrol?

3

A. Yes, I remember doing that.

4

Q. Can you tell me why you did that?

5

A. It looked as if it was just about
empty.

6

Q. Was the I.V. bag empty?

7

A. No.

8

Q. Do you know any reason why the
buretrol would be empty?

9

10

A. It would have depended on when
it had been filled previous to that. It depends on
how much had been put into the buretrol, usually
there's not that much in it.

11

12

13

THE COMMISSIONER: Usually it comes
from the bag, does it not?

14

15

THE WITNESS: There is the bag on top
and the buretrol is --

16

17

THE COMMISSIONER: We have a picture
of it, and we also have a sample of it. There are
some things I suppose like antibiotics that are put
directly into the buretrol.

18

19

THE WITNESS: Yes.

20

21

THE COMMISSIONER: Generally, the
feeding, whatever the child is receiving is going
through all the time, is it not?

22

23

24

25



1

2 THE WITNESS: Yes, continually.

3 There is the fluid that is taken from the bag and
4 placed into the buretrol. So you may have 20 c.c.'s
5 when it's filled up and that may go for a period of
say 2 hours.

6 THE COMMISSIONER: What would concern
7 me and knowing absolutely nothing about it, if you
8 flushed out the buretrol would you not be getting
9 the liquid into the child faster than it was
10 originally intended?

11 THE WITNESS: If you were flushing the
12 antibiotics as I explained yesterday?

13 THE COMMISSIONER: Yes.

14 THE WITNESS: Yes, it would be going
in quicker.

15 THE COMMISSIONER: Do you want that?

16 THE WITNESS: For that particular period
17 of time you want to flush the tubing, and so you
18 are not allowing very much fluid to go through the
19 tubing.

20 THE COMMISSIONER: If you flush it
out wouldn't you also get all of the liquid that
21 was below the buretrol, between the buretrol and the
22 bag into the child faster, would you not, than
23 it is originally intended?

24

25



1

2 THE WITNESS: What you would do is when
3 an antibiotic was finished, there is a little --
4 we don't have one here, do we, a picture --?

5 MS. FOSTER: Yes, I believe we have
6 a picture.

7 THE COMMISSIONER: Is that buretrol,
8 or perhaps it is the bag.

9 MS. MCINTYRE: I believe the picture
10 is Exhibit 306.

11 THE COMMISSIONER: Thank you.
12 Exhibit 306, Mr. Registrar, would you get that.

13 There we are, Ms. Foster, perhaps you
14 can use that for all of us.

15 MS. FOSTER: Thank you.

16 Q. Miss Coulson, this is the bag?

17 A. That's right.

18 Q. And this is the buretrol?

19 A. That's right.

20 Q. And you in fact filled the
21 buretrol, did you?

22 A. I did not fill it, when I say
23 fill I mean I would probably put about 20 c.c.'s
24 into the buretrol. So what I would do is release
25 the clamp here, can you see that?

THE COMMISSIONER: The clamp is --



1

2 THE WITNESS: The clamp is between the
3 bag and the buretrol.

4 THE COMMISSIONER: Yes.

5 THE WITNESS: So what I would do, first
6 of all, there would be no fluid or very little
7 fluid left in here, into the buretrol, that is what
drew my attention to the buretrol.

8 THE COMMISSIONER: That is part of
9 what my problem is, because isn't the liquid coming
10 from the bag into the buretrol all the time?

11 THE WITNESS: Oh, no, no. What
12 happens is this is clamped off, there is a clamp
13 there, you see we have to regulate the amount of
fluid that is going into the child.

14 THE COMMISSIONER: I thought that
15 regulation was done by the buretrol.

16 THE WITNESS: It is regulated down here,
17 there is another regulator here, but this is also
18 a part that just limits the amount, because if this
19 one now functions the child could have gotten the
whole 250 c.c.'s, so you want to regulate how much.
20 For the nurse to regulate the amount of I.V. fluid
21 she would put in say 20 c.c.'s or 25 c.c.'s into
22 the buretrol, and perhaps she would have a work sheet
23 that she would say put down how much she had put

24

25



1

2 into the buretrol, how much would be absorbed,
3 and that would be calculated every hour.

4 Q. So when a child is on I.V., the
5 nurse would come and check this regularly to make
6 sure the buretrol has still got liquid in it.

7 A. And that it is going at the
8 appropriate rate.

9 Q. And this clamp will always be
10 clamping off the direct flow between the bag and the
buretrol?

11 A. Yes.

12 Q. Okay. Thank you. When you
13 indicated then that you filled Allana Miller's
14 buretrol, all you did then was release the clamp,
allow more liquid to flow from the bag into the
15 buretrol?

16 A. Yes, into the buretrol.

17 Q. And I suggest to you there was
18 nothing particularly suspicious or unusual about the
19 behavior of any of the nurses during that resuscita-
tion attempt?

20 A. No.

21 Q. And dealing with Justin Cook,
22 you indicated that in the evening that
23 child arrested you arrived in the child's room about

24

25



1

2 4 a.m. prior to the actual arrest?

3 A. Yes.

4 Q. And you mentioned that you saw
5 Dr. Jedeikin there?

6 A. Yes.

7 Q. And Susan Nelles and Phyllis
8 Trayner were also there?

9 A. Yes.

10 Q. Do you recall seeing Lynn
11 Johnstone there when you arrived?

12 A. She was at the nursing station.

13 Q. And did she come into the room
14 subsequently?

15 A. Yes.

16 Q. Was Bertha Bell there?

17 A. Yes.

18 Q. Dr. Kantak?

19 A. There was another doctor in the
20 room.

21

22

23

24

25



BB/BM/ak

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2

3

Q. Was there anyone else in the room that you can recall?

4

A. The anaesthetist, I think he got there around the same time that I did.

6

Q. Anybody else?

7

A. Not that I recall.

8

Q. What condition was the baby in when you arrived in the room?

10

A. He was distressed.

11

Q. What do you mean distressed?

12

A. Could I look at the chart just to refresh my memory?

13

Q. Certainly. Could the witness have the Cook chart, please?

15

A. The child was cyanotic and had started to seize.

17

THE COMMISSIONER: What page are you looking at?

18

THE WITNESS: Page 29 - 27 there is a note there.

20

MS. FORSTER: Q. You are referring to the note starting in the middle of page 27 and the further note on page 29 of the chart?

23

A. Yes.

24

Q. Do you recall anything else

25



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2

BB2 about the child's condition when you arrived?

3

4 A. The child was breathing on
5 his own when I arrived and they had made arrangements
6 for the child to go to the Intensive Care Unit.
7 The anaesthetist was going to intubate the child
8 and transfer him to the unit and when he intubated
9 the child, that's when his heart stopped and CPR
10 was then commenced.

11

12

Q. Miss Coulson, I suggest to you
that the staff in that room that evening was particu-
larly nervous about this arrest. Would you agree
with me?

13

A. Yes, it was tense.

14

Q. Were you yourself tense?

15

A. Yes.

16

Q. Tenser than you were for most
of the resuscitations?

17

A. Yes.

18

Q. Can you tell me why?

19

20

A. Digoxin had been locked up
that night and there was a concern. I think that
would be reason enough to be concerned.

21

22

Q. All right. And is it fair to
say that by this time you still hadn't received an
explanation for why the digoxin was being locked up?

23

24

25



BB3

1

A. That's right.

2

Q. And did that cause you concern?

3

A. Yes.

4

Q. Is it fair to say that the general feeling amongst the people there was that they knew something was going on but that they didn't know what it was?

5

A. Right.

6

Q. And you indicated to Mr. Lamek that Mrs. Trayner had said during this arrest that she wanted the child to be taken to the ICU?

7

A. Yes.

8

Q. Do you recall at what stage she indicated that?

9

A. It was throughout the resuscitation procedure when I was in the room; I wasn't there the whole time.

10

Q. And you say you thought --

11

* THE COMMISSIONER: I'm sorry, it would be surely too late to take the child to the ICU once the resuscitation had started, wouldn't it?

12

THE WITNESS: Yes. As I said yesterday, I have seen children being bagged, helping them breathe to get to the ICU but not as a rule do you do the CPR and the bagging. Usually, you have to

13

14

15



1

2

BB4
get their heart beat first and then transfer them
to the unit.

3

4 MS. FORSTER: Q. What was the
5 reaction of other people when she suggested that
6 the baby go to ICU?

7

8 A. It seemed a little more anxiety
9 producing, you know, because people were anxious
10 enough as it was without having someone say
let's get him to ICU, let's get him to ICU.

11

Q. Is it fair to say that
12 Mrs. Trayner was very anxious about this arrest?

13

A. Yes, she was very anxious.

14

Q. All right. And did you see
anything suspicious in her suggestion that the child
15 go to ICU?

16

A. Suspicious?

17

Q. Yes.

18

A. No.

19

Q. You mentioned yesterday that
you thought this was unusual. Did you mean unusual
20 in the sense that she was so anxious about getting
21 the child off the ward and into ICU?

22

A. Yes.

23

Q. Now, the evening that Baby

24

Hines arrested you were responsible for the supervision

25



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4336

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2

BB5 of Wards 4A and 4B?

3

A. Yes.

4

5

Q. Do you recall seeing Baby Hines
before his arrest?

6

7

A. Yes. I would like to refer
to this.

8

9

Q. Certainly. You are referring
to the tour end reports?

10

A. The tour end reports. What
was the date, I'm not sure.

11

12

THE COMMISSIONER: Has everyone got
a copy of the tour end reports yet?

13

MR. LAMEK: No.

14

15

THE COMMISSIONER: I'm not being
discriminated against then.

16

MR. LAMEK: No.

17

18

THE WITNESS: From a tour end report
I have underlined that the child -- do you want me
to read off what is written?

19

MS. FORSTER: Q. Yes.

20

21

22

23

24

25

A. I have written down stable and
I have check marked and also I have underlined, the
evening supervisor had written that he had remained
on an apneic monitor and cardiac monitor and I under-
lined that and put a stable and check mark, so, that



1

2

BB6
3 indicates to me now that I did see the child previous
4 to his arrest and that in my estimation he was
stable.

5

6 Q. All right. Other than
7 looking at the tour end report, do you have any
independent recollection of seeing the child that
night?

8

9 A. Before he arrested?

10

Q. Yes.

11

A. I don't remember.

12

Q. All right. And dealing next
with Baby Manojlovich. Do I understand that the
only time that you saw that child on the evening
she died was after the Code 25 was called?

13

A. Yes.

14

Q. And did you proceed immediately
to her room after the Code 25 was called?

15

A. Yes.

16

Q. Do you recall who was present?

17

A. The team was there.

18

Q. What team was that?

19

A. The cardiac --

20

Q. The arrest team?

21

A. The cardiac arrest team; Lynn

22

Johnstone was there and I know that Anne James and

23

24

25



BB7

1

2

Glen Carter, two of the other supervisors did come
to answer the code. I can't remember the nurses
that were in the room.

5

6
7 Q. I understand that it was
after this baby was pronounced dead that you went
over to see Baby Pacsai.

8

A. Yes.

9

Q. And was that the first time
you saw Baby Pacsai that evening?

10

11 A. I might have popped in earlier
on during the arrest. I vaguely remember walking
down the hall going into that room.

12

13 Q. Do you recall why you went into
the room?

14

15 A. No, other than just to make
sure everything was okay.

16

17 Q. Do you recall who was present
in the room when you went in?

18

A. No, I don't remember.

19

20 Q. Now, when you went over after
the Manojlovich baby died who was present in the
room at that time?

21

22 A. Susan Nelles was there and
Dr. Costigan and I think Lynn Johnstone and the
charge nurse.

23

24

25



1

2

Q. And who is the charge nurse?

3

A. Mary Jean Halpenny.

4

5

Q. Do you recall seeing anyone

else in the room?

6

A. No.

7

Q. All right. How long were you
in the room on that occasion?

8

A. Not very long.

9

Q. 5, 10 minutes, an hour?

10

A. Oh, just a few minutes.

11

12

Q. And what was going on while
you were in the room?

13

A. The doctor was examining the
baby. I would have to refer to the chart. And then
I left to go around on my duties.

15

16

Q. Did you see the child again
before he died?

17

18

19

20

21

22

A. No, he was transferred to ICU
about 6 o'clock. I may have come back before he
was transferred. I remember coming back to 4A/B
to ask Lynn if she needed me to do any of her wards,
so, I may have seen him again but it would have
just been...

23

Q. Do you have any specific
recollection of seeing him again?

24

25

BB8



1

2

A. Not specific, I remember more talking to Lynn.

3

Q. All right. Now, I take it from the charts we have on the bulletin board which I think are Exhibit 352, you were on duty for a total of 20 out of the 27 deaths listed on those two charts?

4

A. Yes.

5

Q. Did you review the medical records for the 20 babies that you were on duty for before giving your evidence here?

6

A. I've gone over the charts, yes.

7

Q. Okay. And other than the babies that you have already told me about, do you recall seeing any of the other children at any time during the evening of their arrests?

8

A. I'm sorry, would you repeat that?

9

Q. You've told me about seeing some of the babies on the evening they arrested and other than those babies do you have any recollection of seeing any of those other babies that died while you were on duty?

10

A. Some of them I would have seen in making my rounds and some of them I wouldn't have.

11

12

13

BB9



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4341

BB10

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2

3

Q. Do you have any recollection
of seeing any of these other children?

4

5

A. You mean the night before they
arrested?

6

Q. Yes, the night they arrested?

7

A. Not the night they arrested.

8

Q. You don't.

9

A. I would have to go over the
tour end reports to refresh my memory, what I have
written down, but I don't have a great recollection.

10

11

12

13

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4342

EMT.jc
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2

Q. Well, other than what shows up
on the tour end reports, do you have any independent
recollection now of seeing any of those other children
on the night they arrested?

3

4

A. Of seeing them? I don't under-
stand the question.

5

6

7

8

9

10

Q. Well, I assume that for the
babies where you were supervisor on 4A/4B we can assume
that you would have seen the children when you did
your rounds that evening?

11

A. Yes.

12

13

Q. And you would have seen them
again when they arrested when the Code 25 was called?

14

A. If the arrest was after I had
been there, yes.

15

16

Q. Yes. Well, we are just talking
about during your shift.

17

A. Okay.

18

19

20

Q. All I am asking you is having
reviewed the charts do you have any recollection of
the events that took place on the evening that any
of these other babies died?

21

A. I remember Lombardo.

22

Q. Yes.

23

A. As I have already testified.

24

25



CC.2

1

2 Gionas stands out in my mind. The Hines baby. I
3 vaguely remember Estrella. Velasquez, Cook and Miller.
4 The night of Manojlovich and Pacsai. I have a vague
5 recollection of that first week in July. I can't tell
6 you babies' names.

7

Q. Anyone else?

8

A. No.

9

Q. All right. You mentioned
10 Lombardo. You were in charge of Wards 4A and 4B the
evening that she died?

11

A. Yes.

12

Q. And do you recall seeing that
child on your rounds that evening?

13

A. Is it okay to look at this?

14

Q. Yes.

15

A. Stephanie Lombardo, I have down
here that she was stable and then the next note I have
written is she arrested at 3:50 and died at 4:20.

16

17

Q. Do you recall seeing her on your
rounds?

18

A. No.

19

20

Q. Do you recall attending at the
arrest?

21

A. I remember being there.

22

Q. Did you arrive after the Code 25

23

24

25



CC. 3

1

2 was called or before?

3 A. After.

4 Q. Who was present when you arrived?

5 A. The team was there.

6 Q. The arrest team?

7 A. Yes. I know Mrs. Trayner was
there and I am not sure but I think Mrs. Bell was there.

8 Q. Anybody else you can recall?

9 A. And I am not sure about Mrs.

10 Scott.

11 Q. What was Mrs. Trayner doing?

12 A. Phyllis was usually drawing up
the drugs.

13 Q. Well, was she doing that for this
14 arrest?

15 A. I don't remember exactly.

16 Q. Do you recall anything suspicious
17 or unusual in the events surrounding the resuscitation
18 effort on that child?

19 A. The only thing that I am confused
about and that I can remember, and I will have to
say it again, about Gionas and Lombardo, is they both
had high potassiums, and then I can't be assured as
to whether or not this is when the doctor in question
reached up and took the IV bag down.

24

25



CC. 4

1

2

Q. Okay. Other than that can you
recall anything unusual or suspicious surrounding the --

4

A. Suspicious and unusual, no.

5

Q. Next you mentioned Baby Gionas
and you were also Supervisor of Wards 4A/4B that night.

6

Do you recall seeing that child on
your rounds?

8

A. What night was that? March 9th?

9

Q. March 9th. It would have been
your shift of March 8.

11

A. Yes. 8th. I don't remember.

12

Q. Do you remember attending at the
arrest of that child?

13

A. That is the only one that I
can't be assured of, whether that was the one that the
doctor had the IV.

16

Q. All right. If that is the one
where you saw the doctor take the IV bag, you remember
something about the arrest?

19

A. If not, I don't remember anything.

20

Q. You don't remember anything okay.

21

Next Estrella. Do you recall seeing
that child on the evening she died? You were not the
supervisor of 4A/4B that night.

23

A. Then I wouldn't have seen her.

24

25



CC.5

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2 Q. Did you see her at the time she
3 arrested?

4 A. I would have answered the Code,
5 responded to the Code, yes.

6 Q. Okay. Do you recall anything
7 about the resuscitation efforts on that child?

8 A. Not much.

9 Q. Can you tell me what you do
remember?

10 A. It was in Room 423. It was
11 crowded. It was warm, and I remember the child had
12 been on isolation - in isolation.

13 Q. Do you remember who was present
for the resuscitation efforts on that child?

14 A. No.

15 Q. Do you remember anything unusual
16 surrounding the resuscitation efforts on that child?

17 A. No.

18 Q. Next you mentioned Velasquez. And
19 you were Supervisor on Wards 4A/4B the evening that
child arrested?

20 A. Yes.

21 Q. Do you recall seeing that child
22 on your rounds?

23

24

25



CC. 6

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2 A. That was August 24th?

3

Q. Yes, so it would have been your
4 shift August 23rd.

5

A. I have written down here that I
had - his apex had gone up to 200 and his temperature
had come down so I would have seen him before he
arrested.

8

9

Q. Do you recall seeing the child
or are you simply relying on the --

10

11

A. I have to rely on the tour end
report.

12

13

Q. You have no independent
recollection then of --

14

A. My vivid - my recollection would
be during the arrest.

15

16

Q. All right. And again did you go
after the Code 25 was called?

17

A. Yes.

18

19

Q. All right. When you arrived
who was present in the child's room?

20

21

A. Colm Costigan I believe was on
that night and Phyllis was in charge. I don't know
who the other nurses were.

22

23

Q. Was there anybody else that you
can remember being in the room?

24

25



CC. 7

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A. The uncle came in. He was a resident in another part of the Hospital, and I remember him coming in.

5

Q. Anyone else?

6

Can you tell me what Mrs. Trayner was doing during that arrest?

7

A. I imagine she was doing - drawing up the drugs but I can't say for sure.

9

Q. And do you recall anything unusual or suspicious about the resuscitation efforts on that child?

12

A. There was something about - I believe it was codeine but other than that there was nothing suspicious.

14

Q. Now other than the children that you have told me about can you recall seeing any of the other children on the list there on the evening they died?

18

A. Not specifically.

19

Q. I take it it is fair to assume with respect to the other children if you were supervising 4A and 4B you probably saw the children on your rounds?

22

A. Oh, yes.

23

Q. And that you would have attended

24

25



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2 when the Code 25 was called?

3 A. Yes.

4 Q. And even if you weren't
5 Supervisor of 4A/4B if a Code 25 was called you would
6 in most cases attend at the arrest?

7 A. I would respond to the calls.

8 Q. And I suggest to you that with
9 respect to those other children if you had seen
10 anything unusual or suspicious in the deaths of those
11 children they would most likely stick out in your
mind; is that fair?

12 A. Something would have been written
13 down or reported, definitely.

14 Q. Next I want to take you to the
15 discussion that you had with Lynn Johnstone on the
16 Tuesday evening. I take it you were the one that told
17 Mrs. Johnstone that Homicide had been called in?

18 A. Yes.

19 Q. And you indicated you learned
20 that when you came off duty either on the Monday
21 morning or the Tuesday morning?

22 A. That is correct.

23 Q. All right. You say in yesterday's
24 transcript at page 416 when you were telling
25 Mr. Lamek about this discussion, you said:



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(Forster)

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CC.9

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"And Mrs. Johnstone and I were standing there talking and I said to her -- "

3

THE COMMISSIONER: Sorry. 416?

4

MS. FORSTER: Sorry, sir. 4168.

5

THE COMMISSIONER: Thank you. Yes.

6

MS. FORSTER: Q. You said:

7

"And Mrs. Johnstone and I were standing there talking and I said to her that Homicide had been called in and I said does this mean murder ... "

8

And do you recall what Mrs. Johnstone said to you when you asked her that?

9

A. Something like I guess so or it looks like it. It was an affirmative.

10

Q. And then you said:

11

" ... and we were both shaking and I said that looks as if it points to one of two people."

12

Am I correct in assuming that the two people you were referring to were Susan Nelles and Phyllis Trayner?

13

A. Yes.

14

Q. And when you made that comment to Mrs. Johnstone did you make that comment because you thought one of the two of them had been murdering

15

16



CC.10

1

2 babies or did you make it because you felt that if
3 the police were investigating murders they were the
4 two that were the most likely suspects?

5 A. That was what I thought of off
6 the top of my head. I would not believe, could not
7 believe that anybody - that they would murder the
babies.

8

Q. All right.

9

A. And they seemed to be the likely
suspects.

10

Q. And is that because they were
there for more of the deaths than any of the other
nurses that you were aware of?

11

A. That was my suspicion, yes.

12

Q. All right.

13

A. My conclusion.

14

Q. You indicated that you felt that
of the two it was more likely Trayner than Nelles
because you recall that Nelles was not there for the
Lombardo death. Is that correct?

15

A. Yes.

16

Q. And you mentioned that the only
thing that makes Lombardo stick out in your mind and
Susan Nelles' absence from that arrest is the fact
that you spoke to her brother the following day?

17

18



CC.11

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A. Yes.

2

Q. At the time of the Lombardo
death did you have any reason to suspect that that
child had been murdered?

3

A. No.

4

Q. Then I am a little curious as
to why you would centre out that death? Were you
assuming that if the police were investigating they
were investigating all the deaths that had taken
place since July?

5

A. Yes.

6

Q. And did you have any basis for
that assumption?

7

A. The fact that these babies had
died, the fact that it was during the night, the same
nurses always seemed to be on, they had locked up
digoxin, there had been a high digoxin level in Pacsai.
These things just seemed to come together and that is
how come I came to that conclusion.

8

Q. All right. But am I correct
until you became aware that the Homicide Squad was
involved that you never had any reason to suspect
that anybody was murdering babies?

9

A. That is true.

10

Q. And there was never anything

11

12



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Coulson, cr.ex.
(Forster)

4353

CC.12

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2 about the circumstances surrounding the deaths of
3 any of these children that at the time made you wonder
4 whether somebody had murdered that particular baby?

A. That is right.

5

6

7

8

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DD
DM/PS

2 Q. And I suggest that you never
3 saw Phyllis Trayner do anything that suggested that
4 she was causing any harm to these babies.

5 A. I never saw her do anything, no.

6 Q. And if you had you would have told
7 the police, wouldn't you?

8 A. I would have told them, yes.

9 Q. And I suggest to you that you
10 never saw any behavior on the part of Mrs. Trayner
11 that led you to be suspicious of her in any way.

12 A. Suspicious, no.

13 Q. In fact, I suggest that you told
14 the police that in your opinion you didn't think that
15 Phyllis Trayner was capable of murdering babies.

16 A. Not that -- I didn't figure that
17 she would be -- have the brains behind doing something
18 to so many babies.

19 THE COMMISSIONER: I'm sorry, I
20 don't know if this is what you thought, or this is
21 what you told the police.

22 THE WITNESS: I told the police that.

23 THE COMMISSIONER: When did you tell
24 them that?

25 THE WITNESS: After the preliminary
hearing.



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2

THE COMMISSIONER: I guess it is
not relevant. It is certainly not helpful to me on
the cause of death, and it is not relevant on the
second issue.

5

6

MS. FOSTER: I am simply raising it
because a suspicion was raised initially.

7

8

THE COMMISSIONER: I would, even if she
said she thought she was capable, I would still have
said it is totally irrelevant.

10

MS. FOSTER: Fair enough.

11

12

13

14

Q. I put it to you that throughout
this period of the increased deaths Mrs. Trayner was
just as bewildered and upset by the fact that so many
deaths were occurring while her team was on duty as
everybody else was in the hospital.

15

A. She was very concerned, yes.

16

17

18

19

Q. And she sought answers as to why
these were happening and whether or not her team
could have done anything to help these babies, didn't
she?

20

A. That's true.

21

22

23

Q. I put it to you that there was
nothing that caused you to single out Phyllis Trayner
during that discussion with Mrs. Johnstone, other
than the fact that Mrs. Trayner happened to be

24

25



1

3 2 present for all of the deaths, is that correct?

3 A. Her presence, yes.

4 Q. And you yourself were present
5 for a great many of the deaths, weren't you?

6 A. Yes.

7 Q. In fact, you were present for
8 20 out of the 27 out of the list on the bulletin board.

9 A. That's right.

10 Q. And how are you able to account
11 for your presence during so many deaths?

12 A. I was on duty, I was there.

13 Q. And there is nothing suspicious
14 about that, is there?

15 A. No.

16 Q. And you told Ms. McIntyre this
17 morning that there were many other people in the
18 hospital who had access to Wards 4A and 4B during
19 the night shift, is that correct?

20 A. I said there were other people
21 that were around the hospital at night.

22 Q. And they certainly had access to
23 the cardiology floors.

24 A. They could have gone there, yes.

25 Q. There are a variety of different
points where they could gain access to that floor,



1

4 2 there are several elevators on the floor and numerous
3 stairwells that they could get up during the
4 evening, is that correct?

5 A. There are a few, yes.

6 Q. Do you regard Mrs. Trayner as
7 a competent nurse?

8 A. Yes, she was a good nurse.

9 Q. Did she provide good nursing
10 care to the patients you saw her with?

11 A. In my assessment, yes.

12 Q. Lastly, I want to deal for a
13 moment with the incident you told us about where you
14 saw a doctor put an I.V. bag into his pocket. Can
15 you tell me what the doctor looked like, other than
16 the mustache?

17 A. That's all I can remember.

18 Q. Can you remember whether he
19 was tall, short, fat, thin, what color hair?

20 A. It seems, to me he was the resident
21 in charge of the arrest. He was concerned about the
22 potassium and he reached up and took the bag that
23 was not in use and put it into his pocket.

24 THE COMMISSIONER: I'm sorry, the bag
25 which was not in use, are there two bags?

26 THE WITNESS: He had asked, when we got



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5 2 the results back from the arrest -- I'm sorry, when
6 3 we got the results back from the lab during the
7 4 arrest the child had a high potassium, and so he
8 5 ordered that a plain bag, plain I.V. fluid be hung
9 6 so the whole line was then changed, but the --

10

Q. I'm sorry, can I stop you there.
11 I don't understand. You are getting too technical
12 for me. He ordered a plain bag of I.V. fluid?

13

A. I.V. fluid.

14

Q. To be put behind?

15

A. To be hung.

16

Q. To be hung?

17

A. Yes. That meant whoever hung
18 the I.V. set up a whole new line, a new buretrol and
19 a new I.V. tubing and so then that --

20

Q. Before that one was hung was the
21 child on an I.V.?

22

A. Yes.

23

Q. Was it plain I.V. fluid?

24

A. I don't remember. There was
25 a red -- I could see a red sticker on the bag, I
don't know, it would depend which child it was.

26

Q. What does a red sticker signify?

27

A. That there is medication in the
I.V.

28

29



1

2 THE COMMISSIONER: You say -- this was
3 obviously not a spent bag, this was a bag that was
4 no longer in use and had not been in use at the end of
5 the arrest, this bag, is that right?

6 THE WITNESS: The bag that he put in
7 his pocket was the bag that the I.V. was flowing
8 throughout the arrest until he got the results.
9 When he got the results and it was a high potassium,
10 he said put up a plain I.V. So the other bag, the
first bag was still hanging there on the I.V. pole.

11 THE COMMISSIONER: But not attached
12 to the child.

13 THE WITNESS: Not attached to the child.
I remember --

14 THE COMMISSIONER: You thought it
15 strange that he put it in his pocket?

16 THE WITNESS: Yes, because I felt
17 if there was a concern he would have said send the bag
18 down to the lab.

19 Q. Can we run through that again
slowly. At the beginning of the resuscitation effort
20 the child had an I.V.?

21 A. Yes.

22 Q. And the I.V. bag had a red
23 sticker on it?

24

25



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7

2 A. Yes.

3 Q. And after the lab results came
4 back a new I.V. bag was hung.

5 A. Yes.

6 Q. And that was inserted into the
7 child.

8 A. The tube was.

9 Q. The fluid from the new one was
10 inserted into the child, the fluid from the bag with
11 the red sticker was taken off, that I.V. was taken
off?

12 A. That's right.

13 Q. And it is the one with the red
sticker that he stuck in his pocket?

14 A. Yes.

15 Q. And do you recall what room the
16 child was in?

17 A. It was in Room 418.

18 Q. Do you recall whether -- that is
19 the infant room, is it not?

20 A. It is the room next to the nursing
station, yes.

21 Q. Do you recall if there were any
22 other babies in the room?

23 A. I don't remember.

24

25



1

2 THE COMMISSIONER: There usually are,
3 are there not?

4

5 THE WITNESS: Yes, usually four or six
6 in the room.

7

8 Q. Do you recall who else was in the
9 room other than yourself and this doctor?

10

11 A. There were nurses at the cart and
12 they were --

13

Q. The crash cart?

14

15 A. At the crash cart and they were
16 putting things together, and I can -- excuse me, Anne
17 James who was the other supervisor who was on with me
18 standing in the doorway, and she saw this doctor
19 as well. She asked me what he was doing, and that
20 is when I went over to him and I asked him what he
21 was doing.

22

23 Q. Other than Anne James can you
24 recall who else was present?

25

A. No, I can't.

26

27 Q. You can't recall any other nurses?

28

A. No.

29

30 Q. Do you recall the names of any
31 of the other patients in that room?

32

A. No, I don't.

33

34 Q. Do you recall whether you were

35



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1

9 2 supervisor in charge of 4A/4B that night?

3 A. If it was Anne James and I on,
4 then I would have been the supervisor.

5 Q. Do you recall whether that was
6 the case?

7 A. I know that she and I were the
8 only ones that were on. That is what is making me
9 isolate it down to those two children?

10 Q. Did you have occasion to discuss
11 this with any of the nurses afterwards?

12 A. No, I don't remember.

13 Q. Do you recall seeing that doctor
14 in the hospital after that?

15 A. I remember going up to him and
16 asking him what was in the I.V. bag.

17 Q. And what did he say?

18 A. He said it was okay, there was
19 potassium -- either the potassium was okay or there
20 was no potassium in it.

21 Q. When did that discussion take
22 place in relation to the arrest?

23 A. A little while after.

24 Q. The same evening, the same
25 night?

26 A. I believe so.



1
10 2 Q. Do you recall seeing the doctor
2 in the hospital at all after that?

3
4 A. I can't remember who it is.

5 Q. You can't even place the face?

6 A. I don't remember.

7 MS. FOSTER: Thank you very much.

8 THE COMMISSIONER: All right, I think --
yes, Mr. Olah?

9 MR. OLAH: I thought I would point out,
10 it might assist this witness, Exhibit 352 doesn't seem
11 to contain the child Belanger.

12 THE COMMISSIONER: I'm sorry, doesn't
13 contain what, please?

14 MR. OLAH: Doesn't seem to list the
15 category of deaths, doesn't contain Belanger.
16 I see, I am told the reason is it is the day time
17 deaths on the wards. I apologize. I thought this was
a list of all deaths.

18 THE COMMISSIONER: No, no, it is
19 only the ones that the night supervisors were on.
20 Well, I think the distinguished body or juris, or
21 at least counsel, can they wait until after the break
before we continue? All right, 20 minutes then.

22
23 ---Short recess.

24

25

RCHSC
Feb 21



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Coulson

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BmB.jc
EE 1

2 --- Upon resuming:

3 THE COMMISSIONER: Would you hang on
4 for just a moment, Mr. Hunt, I'm going to say something.

5 I have held another private meeting.

6 There is a problem with respect to evidence not of
7 this witness but of the next witness and we are going
8 to have a meeting to discuss it in camera at 9:30 in,
9 I think it is No. 3 on the 21st floor, that's the
one that has been arranged.

10 We are satisfied that the people who
11 should be there in any event besides Mr. Lamek are
12 Mr. Percival or Mr. Young, Mr. Tobias, Miss Solomon
13 and Miss Forster and Mr. Brown.

14 Now, anyone else who would like to
15 know what it is can consult with any other counsel
16 who does know what it is and consult with Mr. Lamek
17 who will tell them and after you find out what it's
18 about, if you want to attend you are welcome but I
really don't think the rest will be interested.

19 MS. FORSTER: This is 9:30 tomorrow,
sir?

20 THE COMMISSIONER: Yes, 9:30 tomorrow
21 morning. I have lost the note but I think it is, I
22 am pretty sure it is No. 3 on the 21st floor.

23 We expect it won't be long and we will

24
25



Coulson

EE.2

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2 be back here at ten or shortly afterwards to proceed
3 with the hearing.

4 All right now, Mr. Hunt.

5 CROSS-EXAMINATION BY MR. HUNT:

6 Q. Miss Coulson, my name is Hunt
7 and we represent the Attorney General, Mr. Wiley,
8 Mr. McGee and the Coroners, some of the Coroners.

9 The first thing I would like to discuss
10 with you is the conversation that you had with
11 Lynn Johnstone on the 24th of March. You have
12 described the time and the place and very precisely
13 I might add. I suggest to you, and you can agree or
14 disagree with this, that your recollection of that is
15 rather clear?

16 A. Yes.

17 Q. And I suppose that it would be
18 unfair to say that you never before that time had
19 found yourself in that situation before?

20 A. That's right.

21 Q. You never before had been
22 confronted by the possibility of a homicide
23 investigation in the Hospital?

24 A. That's right.

25 Q. And you never before found your-
self in a position where you were speculating with



EE. 3

1

2 someone else as to a suspect in a homicide investi-
3 gation?

4 A. That's correct.

5 Q. When you put Phyllis Trayner's
6 name forward in your discussion with Lynn Johnstone, I
7 take it firstly there is no question that it was
speculation on your part?

8 A. There was no question about that.

9 Q. All right. And I suggest to you
10 that the reason that you put it forward in the course
11 of this discussion when you were speculating was
12 really the result of all of your thoughts and concerns
13 over the nine-month period that had at that point come
14 to a head as opposed to any one particular factor?

15 A. That's right.

16 Q. And you indicated to my friend
17 Mr. Lamek that one of the factors that motivated you
18 to speculate was the fact that in your mind you
19 associated Phyllis Trayner with the deaths that you
considered for some reason to be suspicious?

20 A. No, I wouldn't say suspicious.

21 Q. All right, what word would you
use then?

22 A. I had concern about the increased
23 number of deaths.

24

25



EE. 4

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2 Q. All right.

3 A. And because of the change of events
4 that night I came to a conclusion, I speculated
5 and Lynn was the only person that I could talk to
6 about it and so she was the one I spoke to.

7 Q. All right. So, as opposed to
8 suspicious the deaths that you associated Phyllis
9 Trayner with were ones that were of concern to you
10 because of the fact that collectively they represented
11 a large number?

12 A. I was thinking of the large
13 number, yes.

14 Q. And the timing. I mean, I take
15 it that given the unusual nature of this particular
16 conversation on that particular night, it is one that
you are likely to remember for some considerable time
to come?

17 A. Yes.

18 Q. Are you at all surprised that
19 Lynn Johnstone doesn't recall your discussion?

20 A. Not really.

21 Q. Could we take it from your
22 evidence that both of you were in a similar state of
concern and agitation that night?

23 A. We were very agitated, yes.

24

25



Coulson, cr.ex.
(Hunt)

EE.5

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Q. I think you said both of you
were shaking as you had this conversation?

4

5

A. Yes, I remember being upset and
having goose bumps and just being really, I think
frightened is a good word.

6

7

8

9

Q. All right. And from your
observations of Mrs. Johnstone, would you say that
she appeared to be reacting the same way to the topic
that you were discussing?

10

11

12

A. Yes, because we both decided that
we shouldn't be talking about this, it was too
frightening.

13

14

15

16

17

18

Q. And what I am suggesting to you
is that in light of the rather significant nature of
the subject matter that you were discussing and the
reaction that it had on you, that it is at least a
little surprising that the other party to the
conversation has no recollection of that significant
topic being discussed?

19

A. I can't answer for her.

20

Q. All right.

21

A. I can only answer for how I
react.

22

23

Q. By virtue of your ability to
recollect the conversation we are able to ask you why

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EE.6

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you put forward the name Phyllis Trayner during your speculation? By virtue of Mrs. Johnstone's inability to recall the conversation we weren't able to ask her why she put forward the name of Susan Nelles during that conversation. Was there anything that she said to you during the course of this conversation that gave you any basis for her putting forward the name Susan Nelles?

A. To what I can remember she said that Phyllis hadn't been there for - and she named a child's death - but I don't remember which child it was. So, we seemed to be at a draw.

Q. So, really, the reason that you advanced for rejecting the speculation that Susan Nelles might be a suspect was because of your recollection that she wasn't present at some deaths and the reason advanced by Lynn Johnstone for rejecting Phyllis Trayner was because it is her recollection Phyllis Trayner wasn't present for some deaths?

A. That's right.

Q. Now, the fact that you indicated to Lynn Johnstone that you rejected her suggestion of Susan Nelles because she was not there when Lombardo died is of some significance to me. I want



EE.7

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2 to ask you a number of questions with respect to
3 that and they relate to the people that we represent,
4 that is, Mr. Wiley and Mr. McGee, the Crown Attorneys.

5 Why I am doing this, I want you to be
6 very clear as to the significance in terms of our
7 position and that is, it would appear from what you
8 have said that you ruled out Susan Nelles as a suspect
9 in your own mind on the night before she was arrested
10 because she wasn't present, to your recollection,
11 when Baby Lombardo died and that is one of the very
12 reasons that His Honour Judge Vanek discharged Susan
13 Nelles at the end of the preliminary a little over a
14 year later. So, you can see the significance of that
15 particular observation of yours?

16 A. Yes.

17 Q. All right. Now, before I ask you
18 the questions I'm going to indicate to you that on
19 my reading of the statements that were taken from you
20 by members of the Metropolitan Toronto Police on
21 April 3rd, 1981 and on April 28th, 1981, there is no
22 mention by you to them of either your conversation
23 with Lynn Johnstone on the night of the 24th or your
24 belief that Susan Nelles wasn't an appropriate
25 suspect because she wasn't present when Baby Lombardo
died. Do you agree with me, having read those



EE.8

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2 statements, that there is no reference in those
3 statements to either of those pieces of information?

4 A. Not in those two statements,
5 you're right.

6 Q. Right. In fact, I suggest to you
7 that what you told the police on both of those
8 occasions can be described as important information
9 with respect to what occurred during the arrest and
resuscitation attempts on Babies Cook and Miller?

10 A. That's right.

11 Q. All right. And I suggest to you
12 further that neither of those statements do you in
13 any way implicate or suggest that Susan Nelles was
14 guilty of any wrongdoing at the times when you
observed her in connection with those two events?

15 A. Would you say that again?

16 Q. In neither of those statements
17 do you implicate Susan Nelles in any wrongdoing or
18 suggest that she was guilty of any wrongdoing during
19 the time you observed her with respect to those two
events?

20 A. That's right.

21 Q. All right.

22 MS. MCINTYRE: I am sorry, sir. Is
23 Mr. Hunt referring to the written statements or what
24

25



EE.9

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2 she recollects as making verbally the statements to
3 the police?

4 THE COMMISSIONER: No, he is referring
5 to the two written statements.

6 MR. HUNT: That's correct.

7 MS. MCINTYRE: The written statements.

8 MR. HUNT: That's correct. I'm not
9 referring to your verbal statement that you indicated
10 at that time.

11 Q. Now, I am going to suggest to
12 you that, and I will do it this way, when you were
13 in the presence of Mr. Wiley and Mr. McGee shortly
14 before you testified, what was commented on or discussed
15 or reviewed to whatever extent it was, was your
16 written statement?

17 A. Only what was written.

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3 Q. Only what was written, right.
and
4 What happens/ I am going to suggest
this to you. You can just take this from me for the
5 moment before I ask you these questions, is that
6 statements when they are taken in writing are turned
7 over to the Crown, reviewed by the Crown and then
8 a decision is made with respect to whether or not
9 to call a witness such as yourself, and a decision is
made as to whether or not that witness requires an
10 interview prior to testifying.

11 Now when you attended prior to giving
12 your evidence on a morning of I think it was February
13 1st --

14 A. Yes.

15 Q. -- you were taken to a room
16 where ultimately you were introduced to Mr. McGee.

17 A. Yes.

18 Q. Mr. Wiley was present.

19 A. Yes.

20 Q. Constable Murray was present.

21 A. Yes.

22 Q. And you think there was
another person at the other end of the table but you
can't remember who?

23 A. That is right.

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(Hunt)

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Q. In the course of that meeting I suggest to you, and I am going to suggest certain things that I do not consider to be relevant, and I am not going to lead you when it comes to the relevant question, but I suggest in the course of that meeting people were attempting to put you at ease.

8

A. Yes.

9

10

Q. All right. To make you feel comfortable about the fact that you were about to testify.

11

A. Yes.

12

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Q. And they were attempting to explain to you what it was that you were about to go through? That is, giving your evidence and being examined and cross-examined?

16

A. Yes. An explanation was given.

17

18

Q. All right. And a description of the room, the courtroom, where the matter was going to proceed was given to you.

19

20

21

A. I am not sure if it was given in while I was down ⁱⁿ that room or just outside the courtroom.

22

Q. All right.

23

A. But John Murray did give it

to me.

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Q. Shortly before you went in?

A. Yes.

4

5

Q. And the total length of time
when you were in this room prior to testifying I
suggest was relatively short?

7

A. Yes.

8

Q. Just so that we are clear,
Mr. McGee, the Crown Attorney, was not in the room
for the entire period of time?

10

A. Oh, he just popped in.

11

12

Q. And ultimately he was the one
who examined you in the courtroom?

13

A. Yes.

14

15

Q. The person that you had most
dealing with in terms of representative of the
Crown in that meeting was Mr. Wiley?

16

17

A. For that short period of time,
yes.

18

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Q. All right. Now the next
question or questions that I am going to ask you are
the critical ones from my point of view, and I am
not going to lead you. I am going to just ask you
the question and ask you to think about it before you
give your answer.

24

Did you ever tell Mr. McGee or

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Mr. Wiley about your conversation with Lynn Johnstone
in the corridor of the Hospital on March 24th of 1981?

4

A. No, I didn't.

5

Q. Did you ever tell Mr. McGee
or Mr. Wiley about your feelings that Susan Nelles
couldn't be the suspect because she wasn't present
for Lombardo's death?

8

A. No, I didn't.

9

Q. After that meeting you went
upstairs and gave your evidence?

10

A. Yes.

11

Q. And then you were called back
for a very brief appearance in court some time later
in the preliminary hearing?

12

A. Yes.

13

Q. And at that time I think you
said that you had no interview with either Mr. McGee
or Mr. Wiley prior to giving your evidence?

14

A. That is right.

15

Q. And I take it you didn't have
any discussion with any other representative of the
Attorney General's Ministry prior to giving your
evidence at that time either?

16

A. That is right.

17

Q. Now when you met with the

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police - this is on the 3rd of April of 1981 - you
indicated in your evidence that you were having
difficulty believing that Susan Nelles could have
done it because she wasn't there for some of the
deaths.

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A. I remember saying that to the
policeman, yes.

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Q. All right. And what I want to
ask you: when you spoke to the police officer on
the 3rd of April did you say in addition to that
"But I put forward Phyllis Trayner"?

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A. No, I did not say that.

THE COMMISSIONER: I'm sorry, I

want to have that. Did you say that - what?

MR. HUNT: Q. Did you say in addition
to the fact that you were having trouble believing
that Susan Nelles did it because she wasn't there for
some of the deaths - my question was in addition to
that did you say "But I put forward as a suspect
Phyllis Trayner"?

A. No, I did not say that.

Q. Now you have commented on a

number of occasions to different people about the
timing of these arrests, the coincidence that seemed
to be occurring. They were all taking place during



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a very narrow time frame?

3

A. That is right.

4

Q. This is something that struck you as I understand it from your evidence very early on in this time period during the month of July?

5

A. That is right.

6

Q. And continued on right through till the end.

7

A. There seemed to be a period of time when there would be a group of arrests in a sequence.

8

Q. All right. Now from your experience are you able to tell us at approximately what times during the long night shift on Wards 4A and 4B during this period of time nurses took their breaks?

9

A. I don't feel I am qualified to say that because I was not the regular supervisor.

10

Q. All right. Can you tell us what type of breaks nurses on 4A/4B took during this period of time? By that I mean coffee breaks; lunch breaks. Was there a regular routine with respect to the type of breaks?

11

A. I can only say from what I would see because I would only be there maybe two

12

13



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nights a week and maybe not that often. It would depend on different teams.

3

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Q. All right. From your observations in the times that you were there can you tell us what you observed with respect to the types of breaks that were taken and the timing of the breaks?

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A. They would take a break, oh, I would have to say it depended a lot on the type of children that they were looking after, the feedings, what care they required, and they would arrange between themselves - and I am talking about the RN's - they would arrange between themselves as to who would cover if it was a constant care, who would cover the child; if it was a room, the different nurses that were on. They would just take turns going for coffee. I can't give you a length of time because I don't really know.

Q. I appreciate that. What I

guess I am getting at is this: Normally you consider that people might take a coffee break during the first half of their particular shift.

A. Yes.

Q. Then at some point have their lunch or dinner.

A. Yes.



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Q. And then perhaps a coffee break
during the second half of the shift. Much like we
do here in this Commission. A coffee break in the
morning, lunch, and coffee break in the afternoon.
What I am getting at was that sort of a routine even
though it is not fixed in stone perhaps the way ours
is --

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THE COMMISSIONER: Ours isn't. We
have just changed it.

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MR. HUNT: It is a new stone.

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Q. But is there any type of a
routine whereby that is the normal situation insofar
as breaks go?

A. Nurses are entitled to a

certain period of time for certain number of minutes
per break, and how they decide to do it is certainly
up to them.

A lot of nursing teams decide like I
said before individually. Because they come on at
7:30 and I don't come on until 11:00, 11:15 makes it
awkward for me to really tell you, so I really again
don't feel qualified.

Q. Okay. Fine.

If we could just look for a moment at
the times of these arrests and the times of the onset



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of critical symptoms I think perhaps it will
demonstrate your point that you have made with
respect to the very narrow time frames.

5 First of all I should ask you the
6 impression that you had about these times, did it
7 come from just the cases where children died when
8 you were present or did you include in your pool
9 of knowledge about this information you learned when
10 you would come back to work and hear about the children
who had died when you were off, for example?

11 A. That -- I took that into
12 consideration as well because there were two
13 in December, MacDonald and Gosselin, that took place
14 when I wasn't on, and they were both during the night.

15 There was another one, Monteith, I
16 wasn't on for, and that was during the night.

17 There is another one, McKeil, when
18 neither Lynn Johnstone nor I were on. Fazio, neither
19 one of us were on and that was also during the night.

20 Q. All right. Well, let's just
21 go over the names that appear on those two charts,
22 the Category A and Category B children that died at
23 night, and I will do them chronologically.

24 Just to examine the time frame during
25 which the critical event began and death was finally



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pronounced, if you would. I will give you my
information that comes from the information before
the Commission and I won't ask you to refer to --

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THE COMMISSIONER: Is that set forth

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2 MR. HUNT: It is set forth, I suppose,
3 in the chart, not in --

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THE COMMISSIONER: In the charts?

5

MR. HUNT: But not in any single
exhibit that I am aware of.

6

Q. With respect to Baby Woodcock,
the onset time, according to the information I have,
is 3 a.m., with the time of death at 9:40 a.m.

9

With respect to Baby Bilodeau the
onset time was 1:25 a.m., with the time of death at
2:10.

11

Baby Taylor, the onset at 1 a.m., the
symptoms began, and pronounced dead at 2:02.

13

Baby Dawson, the symptoms began at
1:30, pronounced dead at 2:40.

15

Baby Hoos, the symptoms

16 began at 2:40, pronounced dead at 3:22.

17

Baby Turner, symptoms began at 1:25,
pronounced dead at 2:15.

19

Baby Monteith, the symptoms began
at 3:30 and was pronounced dead at 4:45.

20

Baby Velasquez, the symptoms began at
3:00, he was pronounced dead at 4:25.

22

Baby Gage, the symptoms began at
3:20, pronounced dead at 4:00.

24

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2 Baby McKeil, symptoms began at
3 3:45, he was pronounced dead at 4:27.

4

Baby Lutes, symptoms began at midnight,
5 pronounced dead at 1:34.

6

Baby Onofre, the symptoms began at
7 3:20, he was pronounced dead at 4:10.

8

Baby MacDonald, the symptoms began at
9 3:35 and he was pronounced dead at 4:30.

10

Baby Gosselin, the symptoms began at
11 2:25, pronounced dead at 3:16.

12

Baby Lombardo, the symptoms began
13 at 3:30, she was pronounced dead at 4:20.

14

Baby Estrella, the symptoms began at
15 2:40, pronounced dead at 3:22.

16

Baby Fazio, symptoms began at 3:30,
17 pronounced dead at 4:45.

18

Baby Thomas, the symptoms began at
19 3:00, pronounced dead at 3:38.

20

Baby Warner, symptoms began at 3:00,
21 pronounced dead at 3:45.

22

Baby Hines, symptoms began at 4:10
23 and we have some time after 6:00 in the morning.

24

Baby Gionas, the symptoms began at
25 12:45 and pronounced at 1:45.

26

Baby Manojlovich, symptoms began at

27



1

3 2 2:30, pronounced dead at 3:35.

3

4 3 Baby Pacsai, symptoms began at 3:45,

pronounced dead at 10:10 a.m.

5

6 Baby Inwood, symptoms began at 2:00,

pronounced dead at 3:00.

7

Baby Gardner, the symptoms began at

8 7 3:45, pronounced dead at 4:25.

9

Baby Miller, the symptoms began at

10 9 1:45, pronounced dead at 3:27.

11

Baby Cook, the symptoms began at

12 11 3:45, pronounced dead at 4:56.

13

Now, would you agree with me that with
few exceptions the time frame within which the symptoms
began and the babies died is remarkably tight?

14

A. Yes.

15

Q. So tight that I suggest it defies
explanation by simply a coincidence?

16

A. You are right, yes.

17

THE COMMISSIONER: I'm sorry, the
witness obviously understood but I didn't.

18

What do you mean by "tight"?

19

MR. HUNT: I mean they are tight,
they fall within a very short time frame in the morning
hours.

20

THE COMMISSIONER: You mean when they

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4 2 took place?

MR. HUNT: Yes.

THE COMMISSIONER: I thought you were suggesting the period between?

THE WITNESS: That's right.

12 Q. Can you tell me, given that
they appear for the most part --



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with few exceptions of these events beginning between
2 and 4 and the deaths following thereafter between
3 and 5, that's what I meant.

6

THE COMMISSIONER: Well, I am prepared
to accept the word, "tight", if that is what you mean.

7

MR. HUNT: Yes.

8

THE COMMISSIONER: It means two hours,
two hours in most of them and four hours in all of
them.

9

10

MR. HUNT: Yes. And I am suggesting
that that kind of --

11

12

MS. MCINTYRE: Mr. Commissioner, there
are a large number, or certainly a significant number
where the onset is before 2:00 in the morning, as
Mr. Hunt is suggesting. There are a number that are
1:25, 1:30, 12:45.

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THE COMMISSIONER: That's right.

He says with a few exceptions, he says they are all
between 2 and 4 and I pointed out to him that they
are all between midnight and 4, but I think it is
right that generally speaking they start, but there
are I suppose half a dozen exceptions to the 2 to
4.

Q. I am trying to deal with this
as a block, and without taking you specifically to



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each case. So, I think we have agreed that the time frame within which so many of these terminal events began of 2 hours between 2 and 4 in the morning with death following, and somewhere between 3 and 5 is so tight, or such a small time frame that it can't be explained merely by coincidence.

7

8

A. Not when you look at it

collectively.

9

Q. Yes.

10

A. You have to look at it collectively.

11

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Q. What I want to ask you is, given your experience, and appreciating that your time spent on the ward would not be as great as people who worked there, and you are back and forth and there at certain times, the onset of terminal events falling in the main some time between 2 and 4 in the morning. Can you tell us whether that would, in your opinion, based on your experience, likely be after a point in time during the long night shift when nurses would usually have taken one break?

20

A. I am going to ask you to repeat that, please.

21

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Q. All right. Based on your

experience and having regard to the limited nature of that, in terms of that specific ward, and having



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2 regard to the fact that the onset of terminal events
3 in the main seems to fall between the hours of
4 2 and 4 in the morning. My question is, can you tell
5 me whether that time frame between 2 and 4 in the morning
6 is likely after nurses on that long night shift would
7 usually have taken one break?

7

8 A. They would have had a break by
then, yes.

9

10 Q. Now, we have heard evidence
11 here from Ms. Costello with respect to Phyllis
12 Trayner's approach to nursing, and I use that as a
13 descriptive phrase. She has indicated, and this is
14 found in Volume 96 at page 1496, Mr. Commissioner.

15

MS. MCINTYRE: I wonder if you are
16 going to be referring to specific evidence I would ask
17 you to provide the witness with a copy of it.
18

19

THE COMMISSIONER: Obviously he is not
20 going to refer to specific evidence, but is it a
21 lengthy passage?

22

MR. HUNT: Very short, it is probably

23 easier to --

24

THE COMMISSIONER: You had better give
25 the page so at least Ms. McIntyre knows it.

26

MR. HUNT: 1495 to 1496, Volume 96.

27

Q. Perhaps I would just read to you

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29



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8 2 what Miss Costello had to say about this, it is
9 3 very brief, and if you have trouble following me just
10 4 indicate and I will bring the transcript up to you.

5 It is page 1495 at line 17:

6 "All right. Was that something that
7 you were aware of?

8 A. I was aware of it at some point
9 as a problem that Mrs. Radojewski was
10 dealing with.

11 Q. All right."

12 THE COMMISSIONER: I am sorry, what
13 is "it"?

14 MR. HUNT: It is the conflict between
15 Trayner and Nelles, but that comes up some ways
16 back. I'm sorry, I should have made that clear.

17 Q. At line 21:

18 "All right. Was that a part of what
19 you referred to as the personality
20 differences between them, or is
21 that something separate?"

22 A. It probably relates but the
23 personality differences were a way
24 of looking at things, a way of working.
25 Phyllis was much more of a questioner,
 sought help before she got too deeply



1

2 into things, whereas Susan was more
3 of a let's assess the facts and do it.

4

5 Q. All right. So, Phyllis looked to
6 be reassured or seek advice before she
7 did something and Susan worked more
8 towards doing it. I'm not suggesting
9 in a careless fashion.

10

11 A. No, after having assessed the
12 facts herself."

13

14 THE COMMISSIONER: I am inclined to
15 agree it is not that short.

16

17 MR. HUNT: Compared to some of the
18 ones I have read it is quite short.

19

20 MS. MCINTYRE: Also not that straight
21 forward.

22

23 Q. Well, those are my questions,
24 so that would account for that.

25

26 The point I direct your attention to
27 is page 1496. Miss Costello's description of Phyllis
28 was:

29 "...was much more of a questioner,
30 sought help before she got too deeply
31 into things, whereas Susan was more
32 of a let's assess the facts and do it."

33

34 All right?

35



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A. Yes.

3 Q. You have your evidence clearly
4 in your mind?

5 A. Yes, in front of me.

6 Q. Do you agree with that assess-
7 ment?

8 A. Yes, I do.

9 Q. Now, you have had an opportunity
10 to see Phyllis Trayner working at a number of arrests
where resuscitation efforts were undertaken?

11 A. Yes.

12 Q. And do you have any particular
13 image of her in your mind as to how she worked in
those situations?

14 A. Phyllis, to the best of my
15 recollection, Phyllis was usually drawing up the
16 drugs and having the sequence of medication ready for
17 the doctors; she was vocal and liked to take over.

18 Q. She liked to take over?

19 A. Yes.

20 Q. Would you call her aggressive in
her approach to taking over a situation?

21 A. Yes, at times.

22 Q. Now, how would you compare her
23 behavior in those situations to her general approach

24

25



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11 2 to her duties as a nurse?

3

would see Phyllis other than in an arrest situation
would be when we would be making rounds, and she
would be quite confident in what she was telling me
about the child, very knowledgeable of any changes
or what the child's condition was; she was not
aggressive at this point.

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Q. All right. So that would it

be fair to say that on one hand her approach to her general duties as a nurse were not aggressive, she asked questions, sought answers in reassurance before she did something?

A. Yes.

Q. And contrast that to her

behaviour during the arrest procedures where she was aggressive, wanted to take over?

A. Once she seemed to have a little security in the arrest situation she would like to direct people and tell them what to do.

Q. Which you would agree with me is quite a contrast from her approach to the discharge of her normal nursing duties?

A. It was a contrast, yes.

Q. And would you agree with me that when you are working on a resuscitation there is great pressure on those involved?

A. There's pressure.

Q. All right, there is pressure that every action in terms of the care that is being given to the patient counts?

A. Yes.

Q. And is it not a situation where

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you would expect that someone who is cautious in
their normal approach would become more cautious
and more questioning when working under pressure in
those types of situations?

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A. I don't feel qualified to
answer that question.

8

9

10

Q. All right. I take it that
if a child in a resuscitation effort is going to
die anyway then the pressure really ceases?

11

A. I'm not sure what you mean.

12

Q. Well, if a child is going to
die.

13

A. Do you mean terminal?

14

Q. I mean in a resuscitation
situation, if the child is going to die anyway --

15

16

17

THE COMMISSIONER: I thought that
was the purpose of the resuscitation, was it not, to
prevent the child from dying?

18

19

20

MR. HUNT: That may be, Mr. Commissioner,
but my question is if the child is going to die anyway
then the pressure is off.

21

THE WITNESS: The pressure on who?

22

23

MR. HUNT: Q. The pressure on the
people working on the child?

24

25

A. I'm still not exactly clear on



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HH3 3 what you are asking me.

4

he's asking you but I don't see how you can answer
5 it. Maybe I have misunderstood.

6

MR. HUNT: Well, let me try again.

7

THE COMMISSIONER: Once it is known
8 that the child is going to die you abandon the
9 resuscitation, do you not?

10

MR. HUNT: Well, my question is this,
11 that if a child is going to die in any event during
the resuscitation effort then there is no pressure,
12 would you agree with that?

13

THE COMMISSIONER: Well, I think
14 there is no resuscitation.

15

MR. HUNT: Well, there might be a
16 resuscitation, Mr. Commissioner, and it might be
that during the course of it it is known that the
17 child is going to die.

18

THE COMMISSIONER: Well, I would
19 have thought that they would abandon it if there is
20 no hope. But I may be wrong. Maybe medical efforts
21 require you to continue even though you know it is
22 hopeless, but I hadn't thought that was so.

23

MR. HUNT: Well, let me just explore
24 it a little more if I might with the witness.

25



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THE COMMISSIONER: Yes, all right.

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MR. HUNT: Q. During the course of your resuscitation I take it at some point it maybe clear to everybody that this child isn't likely to come back from this one.

7

A. Okay.

8

9

THE COMMISSIONER: Yes, and I can accept that if you put in likely.

10

MR. HUNT: Q. All right.

11

A. All right.

12

13

Q. And when that point arrives I take it the pressure is really off. It might be sad.

14

A. That's usually when we stop.

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Q. All right. So, my point simply is this that to anyone -- well, all right, so usually when you stop I take it there would be cases where for some period of time after that it would go on to satisfy some hold-out as to whether or not the child is likely to come back, there would be cases where different people would come to that conclusion in different points of time during the resuscitation?

9

10

11

12

A. Yes, quite often that was asked of the people involved, that question was posed, is it okay with everyone that we stop and if it wasn't then it would be continued on.

13

14

15

16

17

Q. So, what I'm just asking you, as a general proposition that during these resuscitations the people involved working under stress, pressure, when one becomes satisfied in their own mind that the child is not going to make it then in terms of the pressure that exists that is gone?

18

A. I can't answer that question.

19

20

MR. HUNT: All right. Do you want me

to keep going?

21

THE COMMISSIONER: Well, it is whatever you like, Mr. Hunt. How long will you be?

22

MR. HUNT: I have several more areas.

23

THE COMMISSIONER: Oh, I think if this

24

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is convenient we will rise now until 9:30 for some
and 10 o'clock or thereafter for the others.

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5 --- Whereupon the Hearing was adjourned at 4:30 p.m.
until 10:00 a.m., Wednesday, February 22nd, 1984.

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